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ORIGINAL PAPERS

SUBLIMATION, SUBSTITUTION AND SOCIAL ANXIETY

BY

EDWARD GLOVER

LONDON

Historically the concept of Sublimation has passed through two phases of development. Up to the year 1923 interest in sublimation was largely phenomenological in order. A few generalizations had been advanced concerning the mechanism of sublimation, but pronouncements on dynamic aspects were practically restricted to the relation of sublimation to the 'return of the repressed', ultimately to symptom formation. From 1923 onwards interest became concentrated on the energies involved and the nature of their modification. It is generally agreed that prior to 1923 a good deal of confusion existed regarding the exact nature of sublimation. Since then it has increased rather than diminished. And there appears to be no doubt that this is due in part to the stress recently laid on dynamic factors. In other words, we are confused because in dealing with dynamic factors we are compelled to loosen our hold on the more familiar (and therefore psychologically more comfortable) descriptive aspects. To avoid this source of confusion, I propose treating the two phases separately.

Definitions.—Up to the year 1923 a brief definition of sublimation would run as follows: Sublimation is an unconscious psychic process whereby the aim of a sexual impulse is modified before gratification on an object.

In order to comprehend more fully the difficulties before us, compare this with a definition of wider scope: Sublimation (1) is the term applied to a group of unconscious processes which have this in common, that as the result of inner or outer deprivation, the aim of object-libido undergoes a more or less complete deflection, modification or

inhibition. In the great majority of instances the new aim is one distinct or remote from sexual satisfaction, i.e. is an asexual or non-sexual aim. In certain instances, however, some degree of gratification of the original sexual impulse can be regarded as sublimation or as an early step towards sublimation provided the greater part of its primitive components and all adult genito-sexual aims are inhibited or deflected, e.g. the aim-inhibited impulses and social relations between individuals of the same sex. A third case not to be distinguished from sublimation, but with closer relation to direct uninhibited aims, is the case of extreme falling in love where the degree of over-estimation of the object cannot be distinguished from devotion to an abstract idea. The new aims are in a large number of instances, especially in the case of the adult, not only non-sexual (although psychically related to sexual aims) but definitely cultural; they are in an ethical sense 'higher', less selfish and socially more valuable than the original aim. Nevertheless some sublimations can be potentially inhibiting to social adaptation, e.g. some sublimations of anal erotism, obstinacy, parsimony, etc. There is in general an anacletic relationship between sublimated impulses and ego-impulses. This cannot always be distinguished by descriptive study of the new mode, which may appear to be purely an ego-aim, i.e. the psychic relation of the new aim to the original sexual aim may be extremely remote.

Next as to energies: the greater part of the energies in question has its source in the erotogenic zones, i.e. is derived from infantile component sexuality where the object varies from a primary organ-object to a complete secondary external object. These component impulses lend themselves to sublimation owing to the fact that they can act vicariously for one another and change their objects freely. The energies derived from these zonal excitations do not lose their intensity in the process of displacement. Owing partly to the source of sublimated instincts, viz., mainly erotogenic zones, and partly to other constitutional factors, the capacity for sublimation is congenitally variable and is limited by the congenital disposition to fixation, i.e. sublimation proceeds in direct ratio to the plasticity of the libido. Acquired factors affecting plasticity also affect capacity to sublimate.

Finally as to organization of the process: sublimation is demanded by the same ego-instance that instigates repression, but the amount of sublimation is not necessarily in direct ratio to the strength of the demand. The task of effecting sublimation is, like repression, an ego activity. The general relation of sublimation to repression is one of

an auxiliary, in that it satisfies the claims of the ego without involving repression ; but it does not loosen existing repression. One form of sublimation shares with repression the mechanism of anti-cathexis.¹

* * *

We are now in a position to study in some detail the systematic approach to the subject.

Complexity of Mechanism.—First take the view that sublimation is not a single mechanism but a group of mechanisms. The advantages of this view are the following : it rules out the necessity of producing a short and possibly hampering definition ; it indicates the possibility that seeming contradictions may be due to an unjustifiable comparison of components of different mechanisms. The best example here is a seeming contradiction or uncertainty pointed out by Bernfeld (2) and others : they remind us that in one of Freud's statements sublimation is regarded as a special example of reaction formation and that, according to a subsequent statement, reaction formation is to be regarded as a special case of sublimation. Incidentally, this difficulty can also be reduced by considering the relation of sublimation to the anti-cathexis of repression. Thirdly, it affords us breathing space for future research. For instance, increasing knowledge of the workings of the super-ego compels us to consider just how far certain guilt factors play a decisive part in processes of sublimation. In particular, recent papers by Melanie Klein (3) and Ella F. Sharpe (4) suggest that certain almost stereotyped ' restitution ' phenomena are responsible at the same time for instigating and producing an outlet for creative urges with an ultimately non-sexual aim. Melanie Klein, for example, has shewn how the desire to ' make good ' impulses to destroy the mother was at the bottom of a compelling urge to paint portraits of relatives ; and Ella Freeman Sharpe showed that dancing in one case represented the re-animated phallus of the father, i.e. was a restoration of that which the patient wished to destroy out of hostility to the mother.

We must not of course rush to conclusions. We should first of all have to consider whether restitution situations are invariably a factor

¹ The above is compiled from writings of Freud published prior to 1923. It does not consist entirely of quotations, although sometimes Freud's own phrasing is adopted ; in other instances the meaning has been paraphrased : occasionally the implications of a statement are presented instead of the statement itself.

and frequently the only important factor. Even so we should have to decide whether this would justify special nomenclature. Granted that restitutive urges play a decisive part in particular sublimations, artistic, professional and otherwise, it might be considered more convenient to take cognizance of this fact under some system heading, e.g. super-ego factors. Or again we could consider it under the general heading of substitution. We might, for example, label the sublimation by reference to the psychic situation which mainly determined the ultimate presentations of instinct, e.g. expiatory sublimations. We may in fact talk too glibly of a number of mechanisms when we ought more economically and therefore more correctly to speak of different components in one main mechanism, as, for instance, a 'substitution' component, or a 'substitution determinant'.

Cultural Valuation.—Then as to the cultural valuation of sublimations. This is an issue that cannot be burked. On the whole Freud has come down heavily in favour of a social, ethical and cultural valuation of sublimations; but he has left the door open in a minority of instances. Bernfeld (2) in particular has felt uneasy at this state of affairs, and has indicated that the activities of children and adults belong to the same process whether they are concerned with artistic, with scientific or with worthless objects. He recommends the use of the term sublimation for all aim deviation of object libido which takes place without repression and is ego-syntonic. In his view sublimation is a deviation which serves an ego-aim (although the ego-aim may of course have been in existence already). The former view, i.e. definition by relation to repression, does not take sufficient cognizance of the relation, on the one hand, between anti-cathexis and repression, and, on the other, between anti-cathexis and sublimation. The second criterion, viz. the relation to ego-aims, compels us to discriminate between the ego-aims of childhood and those of adult life. It is true that by applying an adult standard to the activities of childhood, many of their sublimations could be made to appear culturally valueless, but we are not entitled to apply these standards. Unless we can establish an appropriate set of ego values for every stage of human development, we must regard the substitution activities of childhood as being either immediately or potentially valuable. Moreover, assuming that we could establish appropriate cultural scales of value, we could not get much farther with the problem unless we could at the same time establish a companion scale of *pathological* criteria, i.e. even if we could say that certain aims were worthless in the child's own

valuation, it would not follow that they were pathogenic. On the whole there appears to be no objection to adopting a cultural valuation of sublimations, in so far as sublimated impulses have an anacritic relation to ego-impulses and in so far as these ego-impulses represent or take cognizance of appropriate external standards. On the other hand, from the point of view of substitution products, there does not appear to be any justification for cultural valuation. And we cannot get away from the fact that Freud has laid the greatest emphasis simply on the deviation from a sexual to a non-sexual aim. We may subsequently proceed to classify substitutions as culturally valuable, neutral, worthless or detrimental respectively, but in that case we must have some exact understanding of the relations between sublimation, substitution and symptom formation. After all, when we say that symptom formation can be attributed to mental conflict we are also giving assent to the existence of certain social values. Illness, as Freud remarks, is essentially 'a practical conception'.

So far we have considered two aspects of the problem, viz. whether sublimation should include a group of mechanisms and whether a cultural valuation is justifiable. A moment's consideration will show that the second issue heightens the importance of the first. For example, it is often argued that the activities of a skilled counterfeiter constitute a lower, socially harmful manifestation, hence that a cultural valuation of sublimation is not universally applicable. From many points of view this argument is unsound. It can be said that the modification of the aim of instinct has already been achieved in the engraver's art, whereas the turning of the art to anti-social ends is a sort of secondary elaboration, involving preconscious processes. Or again, that the instincts gratified in the anti-social activity are unmodified as distinct from the modified instincts gratified by engraving activities. Or again, that these anti-social activities represent an alliance between a real sublimation and an infantile regression. Nevertheless, it might be argued that if we take this point of view, we have no right to claim that 'restitutive' urges of the Sharpe-Klein pattern are *primary* factors in sublimation. It is true that the 'restitutive' factor, unlike the anti-social factor, is at no point (pre)conscious, and therefore may have a *closer* connection with sublimation, e.g. with its organization. But it might still be regarded as a secondary manipulation of processes of sublimation, not as an immediate instigator. However that may be, it is evident that some grading of the end results of sublimation is a necessary subject for research. It may then be pos-

sible to impose a formal group limit to the classification of sublimations ; or rather limit the number of factors which may be said to share in the processes of sublimation.

Sublimation and Object-replacement.—Coming now to the groundwork of the definition ; in cultural valuations of sublimation, cognizance is inevitably taken of the *object* as well as of the aim of the impulse. Now, strictly speaking, this is not in the bargain. I am going to suggest, however, that unless we take a very broad view of 'aims' we cannot avoid paying attention to the objects of sublimated aims. Strictly speaking, the aim of every instinct is gratification, and if we adhere to that view then the change in gratification brought about in sublimation, viz. from a sexual to a non-sexual gratification, permits us to ignore the object. And it is true that in the case of sexual impulses, particularly the component instincts, the object is the most variable characteristic of the instinct. On the other hand, when we think of instinctual aims we are in the habit of thinking behaviouristically, i.e. in terms of the *mode* of gratification. It is in this mode that the degree of psychic relation to the original aim is preserved. Now since we know that sublimation can exert a protective function in mental economy in the sense of giving outlet to quantities of energy and so preventing damming up and conflict, we are bound to consider whether, apart from the absence of sexual gratification in any sublimated activity, the degree of psychical relation preserved in the new mode varies in remoteness *and therefore in protective value*. And there can be no doubt that the degree of psychic remoteness does vary greatly in different accredited sublimations. The impulse of infantile sexual curiosity concerning Œdipus objects, when converted into scientific curiosity as to the sexual habits of adults, has certainly undergone not only deflection of aim (there is no sexual gratification in the latter activity) but substitution of object. The mode of looking or listening has not however been appreciably altered. In the case of scientific curiosity regarding, for instance, the sexual habits of bees, the psychic relation to the original stimulating situation is increasingly remote, not as judged by aim or mode but as judged by replacement of objects. Substitute an abstract object, such as curiosity about the concept of sublimation, and the relation becomes still more remote. When anal-erotic sublimations take the form of collecting objects, the social and cultural valuation is determined by the nature of the object, not solely by the fact that a component sexual aim has become a non-sexual one. The collecting mode may alter little, but the object may vary from precious

first editions, to private collections of pieces of soiled paper or definitions of sublimation.

Further, the view that an object is the most variable feature of a sexual instinct is true by comparison with, for example, impulses of the hunger group, where the object must sooner or later minister to the original aim of gratification. In the long run a hunger impulse is not likely to be satisfied by eating the tablecloth or by reading of the feasts of Lucullus. Nevertheless, although sexual objects are in one sense easily changed and a sublimated impulse need not necessarily revert, the factor of fixation to Oedipus objects reduces the value of this pronouncement considerably, i.e. repressed factors may ultimately determine the choice of a substitute object. And you will note that in three special groups of sublimations (aim-inhibited activities, sublimated homosexuality and devotion to object-idealizations) the degree of psychical remoteness is not so great as in the deviations of component impulses.

* * *

Substitution and Displacement.—Our next step is to consider what is the essential psychic process by which deviation is effected. Since, however, the terms 'substitution' and 'replacement' have so far been used without definition, I think we are justified in shelving further consideration of sublimation until we have taken our bearings on the nature of instinct derivatives in general. In particular we must be clear as to the nature of 'displacement', otherwise it will be difficult to describe the relation of sublimation to 'symbolism', to the 'return of the repressed' and to 'symptom-formation' respectively. To start with displacement, I find that there are about twenty-five terms in use in English translations and original works, all expressing some aspect of the mechanism of displacement, and although these can be grouped under the headings of 'displacement', 'replacement' and 'substitution', there is a good deal of overlapping, the net result of which is that the term substitution becomes rather hazy in meaning.

As the basis of all definitions we fall back on units of instinctual representation, viz. psychic content and charges of psychic energy, of which the latter are in the clinical sense by far the more important; and we are agreed that, in so far as charges are apprehended in consciousness apart from ideational elements, they are termed affects. Bearing this in mind it is evident that the term displacement is the most comprehensive of the three. It implies not only the transposition (movement, release, radiation, diversion, dislocation, transference) of affect (intensity, accent) but the replacement (substitution) of one idea

or element by another. The element substituted is more suitable or less unacceptable than the original element or was originally more trivial, indifferent or unimportant, i.e. psychically more remote. Replacement of elements involves transposition of affect, but the terms are not interchangeable. We cannot always use the term replacement in the affective sense. In sublimation, as Ernest Jones (5) has pointed out, sexual energies are not replaced but diverted. On the other hand, although replacement is an accurate term for the dislocation of elements, the term replacement-product is sometimes used in the same sense as substitution-product or substitute-formation. Substitution again, although frequently applied to organised mental formations, is on occasion used (in some definitions of symbolism) in a sense that is already connoted by displacement (or replacement) of elements. It would seem advisable to reserve the term replacement for that aspect of the general mechanism of displacement which concerns ideational elements. This replacement of elements can be observed not only in processes of intercommunication between different psychic systems (dreams, wit, symbolism, etc.), but in communications within one system (allusive forms of verbal (pcs) expression). The term substitution could then be reserved for the relations between organized mental processes (as distinct from elements) in different psychic systems, e.g. the substitution of preconscious ideational *systems* for unconscious phantasy organisations. Freud originally thought of substitution as concerning the ideational representation of instinct after repression. In his view, substitution-formations were similar to but more highly organized than unconscious phantasies. Substitute-formations and symptoms implied the return of the repressed. There were, however, many different forms of substitution and at that time he did not consider that substitution and symptom formation invariably coincided. For example, they did coincide in conversion-hysteria but did not coincide in obsessional neurosis; in obsessional neurosis, substitution by reaction-formation preceded and differed in content from symptom-formation. Later (6), however, as the result of his revaluation of the characteristics of mental 'defence', he says that it is better to ascribe to the defensive process what has been said concerning symptom-formation and to regard symptom-formation and substitute-formation as synonymous terms. He would say, for example, that under certain circumstances the replacement of an element (e.g. father by wolf) has claims to be considered as a symptom.

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At this point one might protest that there is no object in labouring this matter, that sublimation refers to the fate of some instinct components that are *not* dealt with by repression, that we have nothing to do with the relations existing between organized formations, and that as far as sublimation is concerned, all we have to consider is the part played by displacement or symbolism. But the matter is not so simple. In regard to the first point, Freud has stated that co-operation between preconscious and unconscious impulses exists even when the latter are subject to repression, if the situation permits of the unconscious impulse operating in harmony with one of the controlling tendencies. Repression, he says, is then removed for the occasion in respect of this single constellation and the results of this co-operation are achievements of special perfection. Secondly, the restitution mechanisms which, according to recent writers, play an important part in sublimation are very definitely reactive substitute-formations for highly organized unconscious phantasies. Thirdly, as Freud tells us, sublimations of anal-erotic components play an important part in determining the end products of certain obsessional onanistic ceremonials.

Reaction-Formation.—The greatest difficulty in establishing a simple relation on the one hand between unrepressed impulse and sublimation and on the other between repressed impulse and substitute (or symptom) formation is vagueness concerning the exact meaning of reaction-formation. To make this difficulty clear we must consider the phenomenon of anti-cathexis. We are familiar with anti-cathexis first of all as the mechanism of primal repression. Following psychic situations of an exceptionally grave order (either immediately or potentially traumatic) instinct presentations are denied entry to the system pcs, whilst in the pcs system we find cathexis of ideas to some extent psychically remote from the traumatic group. We also recognize anti-cathexis as one aspect of actual repression. But here it is combined with 'withdrawal of cathexis' from pcs elements. And it is generally held that the energy of anti-cathexis is derived from the cathexis of repressed elements. Now should the anti-cathexis involve presentations of a directly antithetical element or interest, we are accustomed to describe this as a 'reaction-formation', although the use of the term formation is not strictly justified except in the case of a system of presentations, or at any rate in relation to a *persisting* anti-cathexis. Judged by the standards of displacement, all anti-cathexes are displacements and reaction-formations are merely a special example of displacement by the opposite.

The problem has been lightened somewhat by Freud's recent pronouncement on reaction-formation, viz. that it is to be regarded as a mechanism of defence distinct from repression (6). But if we are to regard reaction-formation as a mechanism distinct from repression we ought to be able to offer a good metapsychological reason for this change. Is it because we have hitherto included too much under repression and now desire to split off a special aspect, viz. anti-cathexis through antithesis; or is it simply that from the clinical point of view it is more convenient to raise a particular form of anti-cathexis to the status of an independent mechanism? There are some grounds for the latter view. In hysteria we find that *withdrawal* of cathexis is the most striking feature. There are anti-cathexes in hysteria, it is true; these move along lines of displacement but vary in psychic remoteness. On the other hand, in obsessional neurosis we find a *relative incapacity to withdraw cathexis* together with an extreme exploitation of anti-cathexis, particularly along one definite line of displacement, viz. through antithetical presentations. That is to say, the degree of psychic remoteness is more or less fixed. In one case we have a *mobile* mechanism (exemplified by the changing anti-cathexis of outer stimuli seen in hysteria); in the other we have *organized* anti-cathexis, more or less permanently embedded in the ego. In other words, if reaction-formation is an independent defence mechanism, it must be in the sense of a substitution product having some degree of permanent organization, as distinct from the lability of hysterical anti-cathexis. From this point of view, we are entitled to classify various substitution products in accordance with their depth and the permanence of their relation to ego structure. For example, to judge by their degree of refractoriness to analysis, we could place in order of permanence the following psychic manifestations, viz. normal character formations, neurotic character formations, a number of obsessional formations and the reaction-formations of hysteria. Possibly criteria of this sort may be applied with advantage to the processes of sublimation.

Sublimation and Reaction-Formation.—In the meantime, let us summarize the possible relations between sublimation and reaction formation in the light of our discussion of displacement. First of all, as regards elements: if reaction-formation is simply a form of anti-cathexis of certain ideational elements, then it is *a priori* a form of displacement and has that **much** in common with sublimation. But in that case it is difficult to insist that sublimation is solely concerned

with unrepressed elements. If, however, reaction-formation is an organized psychic formation, then we may be able to distinguish it from sublimation, provided we are content to regard sublimation simply as a variety of displacement. If, however, we regard sublimations as themselves organized psychic formations, then we can justify the use of a special term, 'sublimation', only provided we can distinguish sublimation from other organized formations, e.g. reaction formations, character formations and symptom formations. Obviously this would raise difficulties because we have become accustomed to regard some character formations as sublimations, e.g. anal-erotic sublimations. With regard to sublimation and symptom formation, it might appear that such a distinction should be taken for granted. It is, however, as I hope to show, by no means axiomatic.

Then as to energies: here the relation to symptom formation is again important. Consider the view that sublimation concerns only unrepressed instinct. If one adheres to this view, then one can definitely distinguish sublimation from organized reaction-formations because the latter certainly deal with instincts under repression, but in that case the relations of sublimation and character formation are again obscured. By existing definitions certain character formations are means whereby an individual can to a large extent spare himself repressions. And sublimation by itself will not cover the phenomena of character formation. In any case, when we talk of an individual sparing himself repressions we mean actual repression. Perhaps we should do well to avoid this loose use of the term repression and speak of sublimation phenomena in quantitative terms: we might say, for example, that a sublimation applied only to the *complete* transfer of an original cathexis to the replacement element.

To conclude our consideration of reaction-formation in relation to sublimation, we may recall that Ernest Jones (5) has always drawn a distinction between these mechanisms. He has stated that sublimation represents the continuation, after modification, of positive unconscious impulses *only*, whereas reaction-formations include also certain elements of ego-reaction. He would admit, of course, that the end product in both cases shows deviation of aim, and the distinction, as he points out, relates essentially to the source of the instincts concerned. Positive sublimated instincts originally belong to the appetitive group; reaction-formations contain positive drives but include also representatives of reactive instincts. By putting emphasis on the source of instincts and whether they operate directly or through the ego, he has offered us an

apparently simple solution of the matter. According to this view, deviation of aim would not be exclusively a characteristic of sublimation.

Tempting as this definition is, there are certain difficulties in the way. If, as has been suggested, certain creative activities prove to have been stimulated by restitutive urges, then we have an example of an apparently positive urge (the impulse to create), functioning not only in a reactive sense but in a manner which is reminiscent of the obsessional mechanism of undoing (6). In obsessional undoing, you will remember, one representative of instinct is followed by another calculated to 'undo' or 'expiate' or 'cancel' it. This suggests that we may have included and still include under reaction formation, phenomena which require a separate category.

Sublimation and Symptom Formation.—Now let us follow the relations of symptom formation and sublimation a little farther. The main feature in the definition of sublimation was, it will be remembered, the fact of change of aim. Now in a large majority of instances a symptom amongst other achievements succeeds in altering the aims of impulses—the substitute product is apparently non-sexual and except in rare instances unaccompanied by sexual gratification. One can try to get out of this difficulty by saying, as Bernfeld does (2), that a sublimation is the opposite of a symptom, that the energies are not conflicting but work together producing increased ego activity. Well, unless one combines this with a cultural valuation, one has not discovered a unique characteristic; in certain phases of neuroses, individual activities may be quite excessive. But there is here at any rate *some* point of agreement. We are bound to concede that obsessional energies are expended on trivial activities. Symptoms, as Freud tells us, are either detrimental or useless to life as a whole or may be obnoxious to the individual and involve him in distress or suffering. These remarks do not appear to apply to sublimations. But these standards are descriptive standards (social and clinical) not meta-psychological.

Pleasure-pain Criteria.—In any case the pleasure-pain standard of differentiation requires some assessment. Gratification of sublimated activities is held to reduce *Unlust* or increase *Lust*, whereas symptoms (primary or secondary gains apart) induce *Unlust*. This seems a promising distinction, but one is bound to ask whether it has not been taken too much for granted in the past. It is true that Freud, in his latest work (7), stresses the importance of sublimation as a method of

preventing psychic suffering, and in that sense relates it to the operation of the pleasure principle (in its reality aspect) ; but he has been careful to point out in the same essay that we cannot estimate what part in these cultural processes is played by the complete suppression or repression of instinct gratification. At a later stage I hope to show that if we investigate the data carefully enough, it is by no means universally true that sublimation is unaccompanied by psychic tension of the *Unlust* order.

The protest may here be raised that social valuations apart, we have ample means of distinguishing a symptom from a sublimation ; in particular it will be said that a symptom is a boundary construction with one foot in the Ego and the other in the Id (6) : or to put it another way, that it is a compromise artefact nourished not only by energies proceeding through the Ego but by immediate Id energies. Also that it is rejected by the Ego. So much may be freely admitted. And we can also agree that many reaction-formations and most sublimations appear to be accepted by the Ego without question. But it is equally true that many normal character activities and most neurotic character activities are accepted by the Ego without question. Yet neurotic character activities are not generally regarded as sublimations, nor do they have the same structure as symptoms. The fact that neurotic character formations like sublimations are accepted by the Ego has been commented on by Ernest Jones (8), who goes on to say, ' it is likely that there is no hard and fast distinction between the two '. He believes, however, that the changes in sublimation are more radical and intrinsic, whereas in neurotic character formations the sexual nature of the impulse is retained, being merely disguised through the contact it has established with the Ego. In so far as he refers to ' desexualization ' of sexual impulse, this view is probably quite valid, although it compels us to examine carefully the concept of desexualization. From the point of view of deviation of aim, however, it can only hold in respect of the degree of *psychical remoteness* achieved by displacement, and is not a completely serviceable distinction for our present purpose.

Sublimation and Action.—We are faced with a similar difficulty if we try to distinguish sublimations by reference to the factor of *motor expression*. It is true that by means of symptom formation, motor expression of certain instincts is either denied or limited to the body of the individual, whereas sublimation gives free motor discharge to instinct, provided displacement has been effected. Motor expression

after displacement is, however, also characteristic of neurotic character reactions and the activities extend likewise towards the environment.²

Sublimation and Inhibition.—Perhaps a more fruitful line of approach would be to consider the relations of inhibition in general to sublimation. We know that whereas some inhibitions take part in symptom formation, they can be distinguished from symptom formations in that inhibitions are ego-activities and supplied with energies from within the Ego. To use somewhat loose terms, most inhibitions are considered to be the result of excessive erotization of Ego-function leading to disturbance of that function (e.g. disturbances of vision): and from the point of view of sexual aims, we might regard sublimations as Ego-aggrandisements of certain erotic functions (mainly component). The reader may recall here Ernest Jones' (9) stimulating suggestion concerning sublimation, that it represents an ontogenetic repetition of a stage in the development of primitive man when sexual energy was first drained into non-sexual channels, e.g. work, etc. These seemingly antithetical relations between sublimations and inhibition are deserving of closer investigation.

Apart from that, the relation between sublimation and inhibition brings out a point in the study of instinctual mechanisms which has not yet received sufficient attention, viz. the chronological order of development of instinct modifications. For example, we know that inhibitions are the last line of defence in dealing with instinct that has escaped repression, i.e. they are interpolated immediately before motor activity. It might be possible, therefore, to introduce a chronological factor in the estimation of sublimation; the latter may occur at some

² *Sublimation and Characterology.*—The concept of character, and, in particular, of neurotic character, has been a constant source of difficulty in this context. One way out of this difficulty would be to jettison the term 'character' altogether. It is always possible that this term has outworn its usefulness and is no longer necessary or suited to metapsychological presentation. I believe there is a great deal to be said for such a procedure, although space does not permit any discussion of its justification here. Besides, if we stopped to throw character terminology overboard at this point, we might have to meet a counter-attack from characterologists. They might retaliate with a suggestion to discard the term sublimation. Anyhow, there certainly do seem to be good grounds for a careful overhaul of our terminology in order to eliminate the confusion due to overlapping.

precise point, probably late in a series of instinctual modifications or defences. It would of course come before inhibition.³

A few years ago Melanie Klein (10) considered the relations of sublimation and inhibition in some detail, and although part of her theoretical presentation was based on then existing views as to the nature of anxiety, views which Freud has since modified, her actual findings do not lose their significance on that account. One of the points brought out was the fact that inhibitions tend to make their appearance where superfluous libido is attached to an existing sublimation. (By sublimation she means the transfer of a libidinal cathexis to an ego activity, the path being determined by sexual-symbolic displacement.) This view emphasises the importance of chronological order and incidentally supports the truth of a general statement made by James Glover (11) that an inhibition covers a hidden talent. It is even more important in another respect: it focusses attention on the part played by sublimations as *conductors* for excessive (pathogenic) libidinal cathexes. It was of course already known that in the obsessional neuroses sublimations acted as conductors for symptoms, but Melanie Klein's work on the 'disinclinations' of children indicated a more general exploitation of this conductor activity. Moreover, it is easy to see that sublimations can play a part as conductors in anti-social constellations (e.g. the activities of a skilled counterfeiter). In view of these facts it seems essential to pay much more attention to the clinical aspects of sublimation before we attempt to determine its relation to symptom formation and neurotic character formation.

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Sublimation and Symbolism.—Use of the term 'conductor activity' brings us to what is perhaps the most difficult problem of all, viz. the relation between sublimation and symbolism. Strictly speaking, we might have considered it under the heading of displacement, but equally justly it could have been dealt with under the heading of symptom formation. For example, it might be said that sublimations do not act as conductors for symptoms but that the element of symbolism does. This is probably true in the sense of presentation,

³ Since writing this I observe that Sterba ('Zür Problematik der Sublimierungslehre,' *Internationale Zeitschrift für Psychoanalyse*, 1930, 3/4, S. 371) stresses the chronological order of mechanisms. Not only does he classify various types of sublimation in order of incidence, but he considers that reaction formation must necessarily be preceded by sublimation in the sense of desexualization.

but not as regards energy. Ernest Jones (9) has pointed out in regard to this subject that it is the transfer of psychic energy alone which is the significant feature in sublimation, whereas in symbolism the full significance of the original complex is retained unaltered and merely transferred to a secondary idea. He agrees, however, that sublimated ideas can temporarily regress and sink back to become mere symbols of complexes. From the descriptive standpoint, therefore, the distinction does not help us out of our present difficulties ; the result in both cases is displacement or change of aim. It would appear that any fundamental distinction must be effected in terms of energy. Such a view would invalidate completely any form of cultural definition. Cultural assessments would then be a matter of individual taste.

The subject has been reconsidered in recent years by Melanie Klein (10). If I have apprehended her views correctly, the phenomenon of sublimation cannot be understood without constant reference to the related factors of fixation and repression. The stages are as follows : primary identification—sexual-symbolic cathexis—sublimation. Repression can play a decisive part at three points ; first, in leading to the distinction between identification and symbolism (fixation here has a retarding effect on all subsequent development), second, in preventing the gradual extension from symbolism to sublimation (here fixation is responsible and the result is symptom formation), and third, in interfering with existing sublimations when these are charged later with excess of libido (here the result is inhibition). Melanie Klein's presentation is much more comprehensive than anything hitherto attempted, but it does not solve the problem of the distinction between sexual symbolic cathexis of Ego tendencies and sublimation. It would appear that the only criterion she offers, the presence or absence of a 'tone of sexual pleasure', applies only to the distinction between primary identifications on a pleasure tone basis and symbolic interest in certain activities, not to the relations between symbolism and sublimation. In the absence of some such criterion the distinction she offers as between sublimation and symptom formation is not so serviceable as it appears at first sight. In fact one is more and more driven to the view that sublimation can justify its retention as an independent metapsychological term only provided we can establish some intrinsic change in the nature of the energy, such as was hinted at by Ernest Jones in distinguishing between sublimation and reaction formation. Nevertheless, one of Melanie Klein's findings (12) is extremely illuminating. She points out that the drive to

identification of Ego activities with directly sexual activities is the primary anxiety developed by the child in the course of its object-relations. There is, it appears, an optimum amount, excess of which at an early stage leads to grave retardation in symbolic and ultimately sublimation activity.

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Summary.—We must now attempt to summarize the results of this protracted discussion. We started to discuss the state of opinion regarding sublimation up to 1923. This includes definition, description of psychic mechanism and relation to other psychic manifestations. We have paid scant attention to the modifications undergone by the energies involved, because this aspect belongs more properly to the second phase, viz. from 1923 to the present day. Little has been added since 1923 to the more general aspects of sublimation.

The first and inevitable conclusion must be that the concept of sublimation as originally stated involves a considerable amount of confusion; the second that we have not yet extricated ourselves from this confusion. As regards mechanism, we have produced nothing exclusively characteristic of sublimation. If we reduce sublimation to terms of displacement, there seems no great point in retaining a tautological expression. If we insist on cultural valuations, we cannot be content with a simple definition of 'aim deviation'. We may, if we so desire, introduce a cultural factor, but this implies a complex of mechanisms and we are not in a position to indicate any exact boundary to this complex formation. Moreover, if we include substitution elements in sublimation we have difficulty in distinguishing the latter from other organized substitutions (either characterological or symptomatic). And then we get confused as to the relation of sublimation to repressed and unrepressed instinct.

On the other hand the existence of confusion stimulates us to seek for some precise method of valuation. For example, the degree of psychic remoteness from the original impulse seems to be an important factor in sublimation, but we are unable to estimate this precisely, owing to the element of symbolism present. And if we are to take the remoteness factor seriously, it would appear desirable to exclude mere aim inhibition and object idealization from the category of sublimated processes. As regards the relation to organized psychic formations, a promising line of investigation would appear to be the relation of different formations to the main psychic systems (e.g. super-Ego).

Also the position of sublimation in a hierarchy (or chronological sequence) of psychic mechanisms seems worth investigating.

As regards energy, although we have hardly touched on this matter, certain possibilities have presented themselves. It seems that a quantitative factor in displacement might permit of a classification in which sublimation would be characterized by complete transfer of cathexes. This naturally suggests the operation (independently or concurrently) of a *qualitative* factor. Indeed one tends to form the opinion that some qualitative change in energy may prove to be the only valid metapsychological criterion of sublimation. An illustration of this qualitative factor would be the process of desexualization to be considered later. Finally, it is obvious that there is much to be gained by an examination of the sources of instincts involved, particularly the relation between reactive instincts and instincts capable of sublimation.

In conclusion, we must remind ourselves of two possible errors in approach. First of all we may have been obsessed by cultural valuations; it may be that we should define sublimation only in terms of protective value (related chiefly to illness). Sublimation might then be regarded as that process which affords the maximum protection from illness with the minimum expenditure of energy. Lastly the factor of social valuation reminds us that in attempting to define sublimation in purely metapsychological terms we may be attempting the impossible. If, as Ella F. Sharpe suggests, sublimation and civilization are conterminous, it would be unreasonable to expect to shoehorn sublimation into a short metapsychological definition.

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Clinical Investigations.—We have at last arrived at the proliferating margin of research on sublimation. There are three obvious directions in recent investigation. The first is clinical, the second a re-examination of psychic structure and the third a qualitative investigation of psychic energies. By accepted usage clinical investigation comes first. Clinical investigations can be either direct, in which case we are concerned at first hand with the observation and analysis of processes regarded by common consent as sublimatory, or they can be indirect, by which is implied the observation and analysis of phenomena accompanying or connected with sublimation, but not usually regarded as part of sublimation.

Transitory Sublimations. (a) *Developmental.*—A good example of the direct method is the investigation made by Bernfeld (2) into

transitory sublimations occurring in seemingly normal children and adolescents. These transitory sublimations depend, in his view, on the amount of libido the ego has at its free disposal. He has described two extreme cases, (*a*) where libido gratification, although ego-syntonic : is delayed and the libido is directed towards other ego-syntonic objects of a non-sexual variety ; the condition here is that the ego impulses must not (either independently or as the result of libido frustration) be in a state of deprivation : (*b*) where the libido tends to subserve ego purposes it can be called upon by the ego when the latter has insufficient energy to effect an ego-aim. From his study of these and other types, Bernfeld suggests some general formulations regarding sublimation : that its amount has a definite relation to the strength of the ego, that plasticity of libido is only one factor and that deviation of aim is only one of many aspects of sublimation.

(*b*) *During Illness*.—A second example of the direct method brings me to part of the clinical material that is responsible for my own interest in sublimation. I am unable for reasons of space to give details on this occasion and will confine myself to the general description of findings. The material concerns transitory sublimations accompanying pathological states. The states, as might be expected, were not neurotic in type but were partly of the unclassified order, alcoholism, drug-addiction, etc., partly in the nature of neurotic character-formations and partly larval psychoses (e.g. apparently normal individuals with paranoidal formations or schizophrenic reactions). A feature of these cases was the *extreme lability* of the sublimation processes. It was not that the individual was compulsively hunting without any sense of satisfaction for some ideal activity ; all their energies appeared to be poured in one sublimation and then apparently completely displaced to another sublimation, leaving the original interest like an empty husk. And in each phase there was apparently complete satisfaction. Nevertheless, allowing for the change in idiom (in other words, in the presentation content) the activities invariably showed a common denominator of symbolic expression of unconscious phantasy. But although the processes were extremely labile, and in that way differed from the more usual stable formations of adult life, they could not at first sight have been distinguished from sublimations by the most exacting cultural or æsthetic standards, e.g. they were concerned with singing, painting, sculpture, literature, scientific and historical research, etc., etc. In one case presenting delusional features and a general lack of reality feeling, it could be observed that the delusional mechanism

always secured some element of representation in the activities without necessarily interfering seriously with their performance.⁴ When, however, owing to some extrinsic cause or some intrinsic factor of guilt any one activity was gradually abandoned, the interval was characterized by restlessness, extreme tension and manifestations of anxiety together with spasmodic outbursts of component sexual activities, e.g. playing with fæces.

Sublimation and Sexual Perversion.—A less direct type of observation involves some consideration of the phenomena of sexual perversion. These phenomena have always had some theoretical interest for the student of sublimation. For example, the view that in sexual perversion one or more component sexual impulses are retained and accentuated, as the price of complete repression of other components relating to the Œdipus situation, has a certain resemblance to views held concerning aim-inhibition. Admittedly the degree of direct sexual pleasure enables us to make a clinical distinction, but the refractoriness of many perversions to analysis suggests that, presumably owing to symbolic associations, a considerable deviation of energy from other components has taken place.

On the clinical side the relation of perversion to sublimation is more obvious. In many cases one finds that the perverse activity is more freely exercised where certain æsthetic conditions are fulfilled. For example, an invert with whipping phantasies describes how his erotic activities are inhibited unless the whip conforms to certain æsthetic standards, size, shape, tapering, smoothness, colour, etc., etc. Clothes and shoe fetichists (13) show similar reactions. Underclothes, for example, must conform to certain rigid æsthetic laws of pattern, colour, line and so on. The rigidity of such standards is reminiscent of the severe canons upheld with such religious fervour by critics or exponents of the fine arts. Indeed, if one did not know what was the actual subject matter of association, it would be difficult for the hearer to distinguish some diagnostic discussions of the conditions for perverse sexual gratifications from an æsthetic discussion of the canons of 'good' or 'bad' art.

Sublimation and Affect.—Turning from this type of observation to less direct investigations, I will again eliminate detail and present the conclusions which I have formed gradually and with increasing conviction throughout my analytic practice. I think it cannot escape

⁴ Ella F. Sharpe (*op. cit.*) says: 'Sublimation springs from the same root as the delusion of persecution.'

the attention of any analyst that in the course of reporting activities of the sublimation type, patients more or less constantly display associated manifestations of anxiety or guilt either directly or in various reactive forms, anger, irritation, criticism of others, feelings of inferiority and self-depreciation, hopelessness, phantastic ambition of a reassurance variety and so forth. And it cannot escape attention that the attempted analysis not only of these reactions but of components of the sublimation evokes intense resistance. Writing some years ago, on the technical aspects of resistance (14), I pointed out the very high defence value of resistances cloaked by sublimation and remarked that not only was the mechanism of displacement exploited or undermined by Id impulses, but that in this situation the mechanism of rationalization could be exploited to any extraordinary degree as a supplementary defence. At the time I merely drew attention to the association of anxiety with sublimation processes, and I did not attempt to pursue the question of a 'formation' any farther. Before doing so now I should like to call attention to a few interesting features of the situation.

Starting with the systems of rationalization just mentioned, it is interesting to note that these are not limited to purely realistic ego considerations which naturally are a feature of sublimated activities. The patient is not content with proclaiming that his activities have no hidden significance and that they represent ordinary accepted social or cultural activities, he usually goes on to proclaim adherence to a system of absolute values, ethical, æsthetic or scientific; in this way he endeavours to bar any investigation of elements that may appear to the analyst to be thin disguises for repressed impulses. And here we can see one of the main practical difficulties attendant on cultural valuation of sublimation. The analyst who has a strong bias in favour of cultural valuations is liable to be hoist with his own petard during the analysis particularly of characterological cases. It is almost as if the patient knew that the analyst had given consent to general values and retorted by raising his own values to a series of absolutes. These absolutes are generally held by the patient to be immune from inspection. Investigation is regarded as a form of blasphemy. The defence is similar to that adopted by theosophically minded patients who endeavour to evade the issue of infantile guilt by reference to the Laws of Karma, the state of their reincarnations, etc. These being in their view beyond discussion, infantile guilt is regarded as a secondary phenomenon of mere academic importance.

Obviously the first step in investigation is to classify the activities in question, next to classify the reactions and then to compare these with reactions to other social situations in which the element of sublimation is not so stressed. I shall not attempt these investigations now ; very little reflection suggests, however, that we should have no difficulty in proving how widespread are the ramifications of social anxiety. The element of snobbery which, statistically regarded, is a common accompaniment of æsthetic and cultural preoccupations provides us with a link to another group of social-anxiety reactions, viz. social snobbery ; and it would be easy to establish a series of parallels, ethical, religious or even hypochondriacal. Admittedly the value of rationalization would vary in different series, e.g. the standards of social snobbery would gain less universal acceptance than would æsthetic absolutes (15).

Now these data admittedly comprise reactions tending to conceal anxiety or guilt. But it is not difficult to prove that in a large number of instances there is an aura of anxiety surrounding preoccupation with cultural activities. Sometimes it is free anxiety, sometimes fixed on some definite element of substitution. It is practically a universal analytical experience that patients express open apprehension as to the effect of analysis on their artistic or other creative activities ; failing a suitable focus for such anxiety in their own personality, they will propound with great seriousness general problems, e.g. would a great master have produced masterpieces had he been analysed ; what would have happened had Christ been analysed ; are not neuroses the mainspring of cultural achievement, and so on. Ernest Jones (16) has recently published a short communication on one aspect of this subject.

Now I am not concerned for the moment with the interpretation of such attitudes in terms of replacement of presentation. I merely emphasize the fact that anxiety can be detected either directly or through protective reactions in close association with processes of sublimation. Some patients provide the analyst with abundant material of this kind : they will spend days quoting their own researches into the life histories of geniuses, the object being to show that neurotic suffering is an inevitable prerequisite of creative genius.

In addition to anxiety accompaniments of sublimatory activities, one finds frequently a marked association of reactive attitudes. We know that reactive attitudes of hate are a common cover for anxiety states, but the amount of hate and aggression attached to these cultural constellations is so great as to suggest that they provide a more or less

direct outlet for destructive impulses. It is interesting to consider in this connection one of the natural polarities of æsthetic or scientific pursuits, viz. creative and critical (destructive) activities. Interpretation is after all simply a compromise between these tendencies. It is no exaggeration to say that a large proportion of critical activities are concerned less with measurement, correlation and orientation than with direct satisfaction of destructive urges. The amount of heat which can be engendered in these fields of æsthetic activity is popularly discounted for three reasons ; first, that the indulgence is so common, second that destructive trends are cloaked behind the creative aspect of constructive criticism and thirdly that particularly in the case of literary criticism, tendencies of wit and recompense of style (technique) help to conceal or extenuate the more primitive interests.

Obsessional Sequence.—In general then there is sufficient evidence of the association of anxiety reactions and aggressive trends with sublimated activities to warrant further investigation. The most natural explanation appears to be that sublimations act as conductors for unconscious impulses and affects. This has already been stated by Freud for the obsessional neuroses ; in that neurosis sublimations act as substitutions and provide suitable points for break through, i.e. for the return of the repressed. If now we find this conductor system in active operation in the general sphere of sublimations, we are bound to ask whether we have somehow failed to recognise an *obsessional sequence of events*. (The obsessional sequence is: reaction formation—return of repressed—defence formation.) The direction of this train of thought is obvious ; all along we have tried to maintain some clear distinction between sublimation and symptom formation, and now we are faced with the possibility that in many instances sublimations are part of larger psychic formations resembling symptoms. The restitution aspect of sublimations emphasised by Melanie Klein and Ella F. Sharpe has distinct resemblances to obsessional formations through the mechanism of undoing.

Phobia Formation.—But it is not only a question of obsessional technique in a social or cultural sphere ; wherever we find conductors or substitutions plus a certain amount of anxiety we have all the essential ingredients of a phobia formation. And it is this particular aspect of the problem that I wish to single out on this occasion. Have we any grounds for thinking that sublimations accompanied by anxiety reactions are part of an extended phobia system ? You will remember, of course, that the phobias we meet clinically and treat are

'unsuccessful'; the measures adopted to prevent affect following the return of the repressed have failed. If now we regard sublimations accompanied by anxiety as extended phobias, it may be that we can establish a criterion for true sublimation, viz. that it should be a 'successful phobia', an affectless deviation and displacement of sexual energy. But in that case we should have to admit that it is the rarest of human phenomena. I have already referred to the commonly accepted view concerning sublimation that it promotes *Lust* and diminishes *Unlust*, and have queried whether it is statistically or approximately true. My clinical experience goes to show that it is by no means invariably true.

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We cannot continue discussion of this point without some precise understanding of the nature of *social anxiety*. The complications of this subject are due to the different manifestations of anxiety and the modifications they undergo at different stages of development. Freud's (6) (7) most recent teaching takes cognizance of primary anxiety states, the phobia formations of early childhood and the classical phobias of adult life. Concentration of interest on adult phobias tends to obscure two important facts; the unassisted dispersal or spread or spontaneous modification of early phobias, and the distinction between external anxiety and endopsychic (guilt) factors which can be observed in infantile phobias. To put the matter simply, there is a tendency to confuse social anxiety with guilt, and there has been a tendency to easy acceptance of the view that certain anxiety states are spontaneously *resolved* rather than *dispersed* in smaller formations.

We have become accustomed to subdivide the conditions for anxiety in a certain order, starting with those dangers which can be attributed to aggression from without (loss of love, castration anxiety) and ending with a completely endopsychic condition (fear of loss of love on the part of the super-ego). This last form of anxiety gives rise to the affect of guilt experienced directly or in the form of need of punishment, and is regarded as having a special relation to the aggressive impulses. The external factor becomes modified in course of time from anxiety about actual aggression to anxiety regarding external criticism. The internal factor is and remains an anxiety of internal criticism. The anxiety regarding external criticism which is identical with anxiety regarding loss of love is distinguished as social anxiety. It can be expressed also in the simple formula—fear of consequences if found out. A prominent factor in childhood, it is probably grossly

under-estimated in relation to adult life. Its relation to internal criticism is, however, very intimate and sharp distinction is difficult. This is to a large extent due to the operation of the mechanism of projection; in the first place the aggression of external authority is exaggerated by projection and in the second the sharpness of internal criticism can be temporarily reduced by displacing it in the form of social anxiety. In the same way introjection processes blur the sharp dividing-line between the two situations. Both are, however, subject to a certain amount of modification in the course of adolescence. Conditions of social anxiety are more precise, and in the same way the most superficial aspects of super-ego criticism begin to merit the term of social or conscious conscience. Recent investigation suggests that the onset of 'endopsychic conditions of anxiety' (guilt) is much earlier than has been supposed, but, speculation apart, we have no proof as yet that guilt and external anxiety reactions are organized simultaneously. And in the meantime theoretical considerations seem to justify the view that primarily fear reactions precede guilt.

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Return of Dispersed Phobias.—If now we re-examine the affects and reactions accompanying sublimations, we see that whilst the element of anxiety is in many cases obvious, the reactions appear to present a mixture of social anxiety with displaced guilt. A fair distinction can be drawn between preoccupations that are more or less compulsively followed in order to acquire merit (liquidate guilt) and those in which the desire not to be found out plays an important part. It is not overstating matters to say that many individuals who appear to have spent their lives in cultural pursuits can be found on examination to have been clinging anxiously to a thin façade of cultural preoccupation in order to escape detection and criticism. Doubtless the strength of aggressive components associated with the activity determines whether the reaction falls into one group or the other.

Anyhow we have to consider the possibility that the spontaneously disappearing phobias of earlier life have not in fact disappeared, but have become dispersed and that they tend to reassemble and organize themselves in association with sublimated activities. These formations are of course not so closely knit or condensed as phobias, hence contain anxiety better. At the same time we must ask whether the freedom from manifest obsessional states enjoyed by a large number of people is not due to displacement of obsessional technique to activities which

according to cultural valuations are not suspected of being symptomatic.

The Anxiety Character.—Now on this point some suggestive work has already been published by Ernest Jones in his paper, 'The Anxiety Character'. (8) Basing himself on the view that if defensive reactions to anxiety are localized they are *a priori* phobia formations, he defines an anxiety character as that state where anxiety trends and the defensive reactions are built into the structure of the personality as a whole. They are diffuse and laid down early in the defensive process. He sees three components in the formation, a positive one relating to the amount of libidinal excitation, the development of anxiety and its displacement (in the case of anxiety character) by absorption into the personality. The individual reacts to social situations wherever they present possibilities of loss or injury of symbolic significance (operations, loss of valued objects) or where they represent minor social deprivations (slights and rebuffs, etc.). Should, nevertheless, the developed anxiety prove objectionable a third component can be distinguished, a concealed anxiety reaction against anxiety. This frequently takes the form of hate reactions, anger and irritability, although here too the relations to guilt reactions are very close. On the whole he has selected social situations in illustration of this condition, but it is easy to see that it could be held to include most of the formations I have already described in reference to cultural activities. The justification for the concept of an anxiety character is a wider issue into which I shall not enter, except to remark that whilst some characteristics of timidity, cautiousness, etc. seem to be formations, they are certainly more *mobile* than the usual character reactions. This apart, it is evident that a quantitative factor should help us to decide on possible differences between the anxiety character and sublimations associated with anxiety (or obsessional) technique. And I want to suggest that although these latter states are much more diffuse than localized phobia symptom formations, they are nevertheless by comparison with the diffuse anxiety preparedness described by Ernest Jones sufficiently fixed and highly enough charged to deserve a special category.

Anxiety and Inhibition.—A third possible view of the relation of anxiety to sublimation is suggested by Melanie Klein (10) (12) in her work on the neurotic inhibitions of childhood. According to an earlier paper, there occurs even in successful repression a displacement of affect (in the form of anxiety) from the repressed to ego tendencies; the displacement is effected by identification (later symbolism) and

the ego activity in question has in any case some degree of primary libidinal cathexis. The anxiety is not shown directly, but manifests itself in the form of inhibitions. In some cases these can be termed normal inhibitions, but where repression is unsuccessful the amount of displaced anxiety is greater and the inhibitions are of a neurotic type. A complemental relation between repression and sublimation is necessary for a neurotic inhibition. Not only must repression be unsuccessful, but there must also have existed strong sublimatory interests in the ego activity in question. The situation has resemblances to a phobia formation, but differs from it in two ways—first that the anxiety is bound in the inhibition, whereas it is freed in the phobia, and second, that where symptom formation exists fixation has led to repression at an earlier stage, before successful sublimation has been effected.

Melanie Klein's later views emphasize the fact that owing to anxiety, induced by frustration and phantasies about the parents' organs, identification with non-sexual objects is stimulated; anxiety is then displaced to the appropriate ego interests. This displacement has adaptation value because through identification (symbolism) energies are transferred to ego tendencies. But the degree of anxiety is important; if early anxiety is excessive it inhibits symbolism and therefore capacity to sublimate (i.e. transfer of interest): if, however, the transfer of anxiety is excessive it is liable to end in inhibition of the ego activity (sublimation).

The earlier theoretical reconstruction of the course of events is not entirely satisfying, partly because it makes use of a now abandoned theory of anxiety, and partly because the relations between repression, sublimation and symptom formation are rather schematic, and depend at some points on the use of terms such as "unsuccessful" repression or sublimation. But the clinical findings are not in dispute, viz. that when inhibitions are analysed quantities of anxiety are freed, that inhibitions (unless presumably pseudo-inhibitions due to absence of transferred interest) are superimposed on existing sublimations, and that transfer of both interest and anxiety takes place along lines of displacement.

Classification.—Now I agree that there is no special virtue in elaborating classifications of clinical phenomena; on the other hand, it is improbable that we can grasp the detailed relations of sublimations and anxiety states so long as we remain content with broad clinical groupings. So making due allowance for over-elaboration and over-

lapping, there would appear to be at least four groups of phenomena to be considered: (a) Classical phobia formations (symptoms), which interfere with sublimations in a secondary sense, (b) minor, almost occult, phobia formations (Ernest Jones' 'anxiety character' type) which, again secondarily, interfere with sublimations, (c) inhibitions which conceal the direct attachment of anxiety to sublimations, and (d) anxiety states directly associated with sublimations. The latter, though open anxiety states, are not recognized clinically owing in part to the social sanction given to such reactions or to a social conspiracy of silence (or inattention) on such matters. Other groups could doubtless be added, e.g. (e) sublimations which perform a protective function similar to the protective function of an obsessional neurosis, (f) sublimations in which a delusional element plays a part.

Summary.—The upshot of this discussion is as follows: If we take a wide enough view, it cannot be said that the outcome of sublimation is invariably to promote *Lust* and diminish *Unlust*. We do in fact find *Unlust* in frequent and close association with sublimated activities. This does not exclude the possibility that there is a type of pure sublimation which has such an effect, but it does suggest that pure sublimation is rather a rare phenomenon. We may indeed inquire whether we have not imported into the concept a subjective and phantastic standard, a kind of omnipotent valuation which detracts from the usefulness of the term in workaday analysis. From this point of view we are thrown back rather on a protective standard in estimating sublimations. Secondly, observation of the phenomena of transitory sublimations in normal states and of their regression or mobility in pathological states is a useful preliminary to study of processes such as 'desexualization'. The mobility supports the idea of a store of permanently neutral energy which can follow on the heels of unmodified and merely displaced pilot impulses. Regressional changes and reduction of sublimations to symbolisms suggests that the unmodified energy is quantitatively more than a mere pilot impulse, no matter how much neutral energy is in store.

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Modification of Energy.—This brings us to the second phase in the development of the concept of sublimation, viz. research on the *modifications of energy* involved by sublimation. In essence this is a theoretical matter, a matter of Id psychology; our clinical contact is practically limited to a discussion of sources of instincts and to observation of the phenomena connected with reactive instincts. Needless to say the texts

on which all such discussions hang are to be found in the *Ego and the Id* (17). They are firstly that 'the transformation of object libido into narcissistic libido which thus takes place (when an erotic object-choice is transformed into a modification of the ego) implies an abandonment of sexual aims, a process of desexualization; it is consequently a kind of sublimation'. It is suggested here that perhaps the ego after this transformation has been effected goes on to give the transformed libido another aim. The second suggestion is that there exists in the mind a neutral displaceable energy which can augment the cathexis of an erotic or destructive impulse. This Freud regards as an indispensable concept, particularly in relation to his discrimination between Life and Death instincts. This neutral energy 'is probably active alike in the ego and in the id and presumably proceeds from the narcissistic reservoir of libido', is 'desexualized Eros'. It might also be described as sublimated energy. The third assumption is that the identification with the father from which the super-ego arises is 'in the nature of a desexualization or even of a sublimation'. But it seems 'there occurs at the same time an instinctual defusion'. After sublimation the erotic components cannot 'bind the whole of the destructive elements' and 'these are released in the form of inclination to aggression and destruction'.

If we try to express these ideas in familiar metapsychological terms it will be seen that they can be contained under the heading of deviation of aim. But it is obvious that the 'desexualisation' implied is something more fundamental: it implies a permanent neutrality. From this point of view the regression phenomena observed clinically in sublimation activities merit careful consideration. A mere cessation of activities could be attributed simply to withdrawal of this auxiliary energy. But a regression, or if you prefer it, a replacement of sublimations by manifest erotic urges suggests two possibilities. It might imply an excess of displaced but not completely desexualized pilot energy existing in the formation. Or it could be due to the transfer of neutral energy to a previously weakly cathected or strongly repressed erotic trend. Moreover, it is to be noted that the energies are derived from external object cathexes of an advanced type. And this leaves the problem of some earlier component sexual instincts rather in the cold. Then as to the view that the erotic component is mainly sublimated after the 'defusion' of withdrawn object cathexes: the simplest explanation of this process would be that the absorption of defused aggressive components by the super-ego provides the addi-

tional impetus necessary to initiate sublimations of whatever variety. Another possibility is worth considering ; it might be regarded as a rider to the first proposition. It can be stated as follows : is the defusion simply an inevitable result of withdrawal of cathexis and the sublimation simply a necessary fate of the withdrawn erotic component: or is sublimation only possible after defusion has taken place, i.e. after the destructive components have been isolated and bound in super-ego activity ?

Sublimation and Aggressive Impulses.—Some points in favour of this view may be suggested here : it is well known that aggressive impulses are more tenacious of aim than sexual impulses. Their objects can be changed and the mode of gratification altered, but the aim remains. And it would appear plausible that this factor must cause difficulty in the displacement of fused impulses. We can see in the case of certain object relations how erotic impulses can light up aggressive tendencies and aggressive tendencies stimulate erotic relations. To prevent confusion it may be emphasized that we are not concerned at the moment with transformation of love into hate or, except in the most general sense, with ambivalence, but merely with the concept of fusion. Returning to our clinical data, it is to be observed that in practically all cases where *Unlust* is associated with sublimation, analysis demonstrated without any difficulty the carry over of some component of unmodified aggression. On the other hand, one of the most compelling forms of sublimation appears to be that in which, following the Sharpe-Klein pattern, restitution through creation cancels out existing, but repressed, destructive impulses and phantasy formations.

Masochism.—It has been pointed out that in these recent formulations the study of energy commences at a fairly advanced stage of development, i.e. where incestuous object cathexes are withdrawn. And in the original definition of sublimation we were accustomed to think of the energy being derived mainly from the component impulses, some of which do not necessarily require an external object. Further, as Freud (18) has told us, 'the classical piece of evidence for the existence of "instinctual fusion" is *moral masochism*.' Masochism at the time of his Three Contributions was rated as one of several paired sets of component impulses. Now moral masochism has 'loosened its connection with what we recognize to be sexuality'. We must therefore ask : does the sublimation of impulses apply only to that amount which has gone through a phase of external object attachment and has

been withdrawn ; and, another problem, is moral masochism a sublimation ?

This last is not simply an academic issue : it has frequently to be dealt with in the course of analyses, especially of women. I have often had the problem put to me by patients, some of whom, familiar with analytic theory, stated it in technical terms, and others in a more general way. It amounts to this : if masochistic trends are put to a biological purpose in the sexual activities of women and if sublimation implies a deviation of aim (sexual gratification), then the sublimation of masochism must interfere with adult capacities : therefore, according to social valuation of sublimation, moral masochism would not qualify as a true sublimation. According to the older views of sublimation, this could be answered in two ways ; first, that whatever the nature of the component instinct, the part sublimated was that which has been directed to an external object, and, second, that sublimation applied only to frustrated object impulses, not to that amount which was ego-syntonic and would therefore be gratified in sexual adaptation.

A more complete explanation is contained in Freud's discrimination between the moral urges due to reinforcement of the super-ego by the sadistic component freed in defusion and the moral masochistic urges due to an increase in the masochism of the ego after defusion. The latter contain a regressive gratification of Œdipus wishes, the former reinforce the repression or defence against Œdipus wishes. This explanation is a satisfying one, but it weakens the original definition, viz. that sublimation simply implies a deviation from the aim of sexual gratification. Descriptively speaking, moral masochism shows deviation from sexual aim, and even if we agree that there is an element of primitive erotogenic masochism behind all moral masochism, it is not openly manifested as such. Freud has appealed to the usages of speech in this matter, and has said that familiar application of the term masochist to those who behave as 'moral masochists' do, connects the behaviour with erotism. That may be true, but this plainly phenomenological usage cripples the equally familiar application of the term sublimation to manifestly non-sexual activities, or, alternatively, detracts from the value of social standards in assessing sublimation.

Instinct and Aim-deviation.—Space does not permit of any detailed consideration of sadism and masochism, but it is obvious that future investigation of the dynamics of sublimation will be concerned more and more with the relation of destructive to libidinal impulses. But it

is equally obvious that, no matter how convenient it would be to use the term solely in a dynamic sense, and no matter how much confusion is introduced by the application of descriptive and social standards, it will never be possible to neglect the factor of aim-deviation. Indeed, a closer study of the lability of instinctual aims will be an important part of future research. It does not require much reflection to see that, judged by the lability of aims, the old Freudian classification of instincts was in some respects more convenient than the recent antithesis of death and life instincts. It is characteristic of certain instincts of self-preservation that they are most refractory of all to repression or modification. It is equally characteristic of sexual impulses that they can be completely repressed and completely modified or, to put it more cautiously, modified beyond recognition.

The facts concerning destructive impulses are interesting. The aims of destructive impulses are refractory to modification. Given a certain association with libidinal impulses they can be repressed or opposed by reaction formations or preceded by expiations. But the modification is only accomplished with great difficulty. Indeed, unless repressed, the aims of aggressive impulses, though capable of change from object to subject, are not much modified. The mode of gratification can be altered. The use of aggressive words alters the outcome, as far as the object is concerned (a fact incidentally that goes far to compensate for the occasional traumatic identification of words and deeds) : but it does not do more than inhibit the aim. So we cannot talk strictly of aim-deviation in the case of destructive impulses. Speech may sublimate certain erotic components but it does not alter the aim of destructive components. These can only be repressed or held in check or anticipated by the opposite. It is therefore an open question whether the importance of sublimation is primarily that it prevents the damming up of libido by displacing quantities of frustrated energy, or whether its function is to control our surplus of frustrated aggressive impulses by anticipatory expiation which establishes a lien on friendly and helpful relations to objects. Psycho-analytical anthropologists will doubtless have a good deal to say on this point, but in the meantime the question is mainly of clinical interest, viz. does sublimation prevent illness by reducing anxiety, or does it prevent illness by liquidating guilt ?

Conclusion.—In the present uncertain state of our knowledge concerning sublimation, we are not in a position to attempt any binding formulations. A few tentative opinions may perhaps be expressed.

It would appear that from the point of view of metapsychology any fundamental conception of sublimation must be expressed in terms of energy (its source and the nature of its modification). The earlier and more descriptive standpoint does not lend itself to the purposes of metapsychology. Nevertheless the term has considerable descriptive (i.e. practical) value. It would be much more useful if we could establish a more precise relation between sublimation and symbolism. Pending further research, we are justified in using the term (*a*) for loose descriptive purposes, and (*b*) as a basis of metapsychological investigation of instinct. But we must realize that this double application of the term is liable on occasion to give rise to considerable confusion.

And here I think we can effect a compromise on the vexed question of cultural valuation. From the very outset Freud has emphasized the importance of sublimations in preventing neurotic regression, also the ætiological significance of any breakdown of sublimation. On the other hand, introduction of ethical or cultural valuations has so far caused more trouble and confusion than it has been worth. So long as repression exists, the individual valuation of cultural and social sublimations remains an unknown quantity. Admittedly we are entitled to estimate the social value of other people's sublimations, but that is not the immediate concern of individual psychology, still less the concern of metapsychology. On the other hand, we are on perfectly safe ground if we maintain that sublimation performs a protective (or defensive) function—operates like a compensating balance. According to the taste of the investigator, this function can be expressed in terms of the pleasure-reality principle, or in terms of illness (which includes secondarily maladaptation to existing social regulations). If we attach a cultural (or any other) fixed form of valuation, we are attributing to the pleasure and reality principles a rigidity of function which would seriously impair their psychological utility, and incidentally we saddle ourselves with the incubus of 'absolute values' without any prospect of adequate remuneration. In other words, a sublimation can be regarded socially as pursuing cultural aims, if and when individual protection from illness takes the form of cultural pursuits. In any case, we must keep a sharp look-out to make sure that the sublimations in question do not run in close association with open anxiety formations or concealed obsessional formations. If such should prove to be the case, we can no longer regard the formation as a true sublimation but as a conductor (substitute) formation, accompanied by or heralding the return of the repressed. And here the factor of symbolism is

probably decisive. Should we have any difficulty in arriving at a conclusion as to the significance of any one sublimation, the ultimate appeal must be to analysis. Because, unless the sublimation shows patent signs of having deteriorated into a complex of symbolisms, we may not be able to verify any suspicions until we have examined the effect of releasing repression in analysis. The long-sanctioned practice of advising patients not to make binding decisions regarding their career until their analysis is finished is in itself a tacit recognition of this possibility. In any case, it is good practice to query the significance of a sublimation, so long as the individual concerned is in any degree incapacitated, unhappy or ill.

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EGO DEFENCE AND THE MECHANISM OF ORAL EJECTION IN SCHIZOPHRENIA: THE PSYCHO-ANALYSIS OF A PRE-PSYCHOTIC CASE ¹

BY

IVES HENDRICK

BOSTON

Psycho-analytical studies of schizophrenia have hitherto been made upon advanced stages of the disease.² These have led to considerable comprehension of the formation and meaning of late symptoms and reaction-formations, but have helped very little to clarify the etiology, in so far as it is psychogenic. Reported analyses of the early regressive and disintegrating processes—studies made while the conflict is still raging and before a completely narcissistic solution has been accepted—are rare. Yet psycho-analytic study of such cases, or of non-psychotic ‘schizoid’ personalities, should vastly extend our knowledge of normal and morbid autistic processes.

We are, therefore, reporting in more detail than usual what transpired in the analysis of a case whose symptoms are chiefly ‘*phenomena of a residual nature*’, representing the survivals of a normal state or of a psychoneurosis, according to Freud’s classification of schizophrenic symptoms.² Symptoms of the second group, the ‘*morbid process*’ (detachment of libido from its objects, megalomania, hypochondria, affective disturbance), and of the third, consisting of ‘*attempts at recovery*’, do not yet dominate this clinical picture.

We shall first describe the most conspicuous of those mechanisms which are also commonly found in the study of transference neuroses; then we shall also define those features of personality and those symptoms which are characteristic of autistic personalities, and shew how a part of these represent the failure of ego and libido to develop beyond the phallic stage, and a part result from regressions to still more primitive levels of instinct-ego organization. We shall finally

¹ Read, in part, before the New York Society of Psychoanalysis at the January meeting, 1931.

The author wishes to acknowledge his indebtedness to his teachers in the Berlin Institute of Psychoanalysis, where this case was studied; Dr. Franz Alexander, training analyst; Dr. Sándor Rado, control analyst; Dr. Karen Horney, leader of the Technical Seminar.

² Freud, Sigmund, ‘On Narcissism,’ *Collected Papers* (Hogarth Press, London), Vol. IV.

propose two theories which seem to us to clarify the nature of this case, and perhaps of autistic personalities in general. The first is the theory that the ego has failed in the repression of sexual impulses of the phallic period because all available energy is mobilized in the service of another function, namely, the control of enormous impulses of aggression. The second theory is that the autistic personality is the personality which has *ejected*, cast out, the object which is normally *introjected* in solving the ambivalence conflict of the oral stage.

DIAGNOSIS AND HISTORY

The patient was treated by psycho-analysis for ten months. The features of the clinical picture—her seclusiveness, her luxuriant and symbolic phantasy, her introverted emotional life, and her difficulties in solving sexual and social problems of adult life—are typical of schizoid and schizophrenic conditions,³ but the exact diagnostic nomenclature is quite a matter of individual preference. We ourselves should not call an individual who was still performing a useful (though limited) social function, who preserved completely her recognition of reality, who was capable of certain object-relationships, and who had neither hallucinations, delusions, nor anti-social behaviour disorders, 'psychotic', though without treatment she must have soon become so. At any rate, her full understanding of the seriousness of her condition, her fine intelligence, and a quality of 'fighting her illness', made it possible for her to utilize quite well the resources of psycho-analytical technique.⁴

The patient, twenty-five years old, was an unusually small, almost dwarfish woman. She dressed very unostentatiously, arranging her hair so that it turned upward and backward in a peculiar phallic fashion. Her face generally displayed a peculiar earnestness, bespeaking her preoccupation and introversion, though lacking in the vacuousness and immobility of the advanced schizophrenic. During the treatment hours she habitually lay on her back, face averted, fists clenched, all

³ 'Schizoid' is used throughout this paper to describe those aspects of the autistic personality which represent such an individual's most advanced development and characteristic traits; 'schizophrenic' refers to those features manifesting the definitely retrograde and morbid aspects of psychosis.

⁴ The most striking and morbid features of the patient were elicited during the treatment and were either absent or inconspicuous in everyday life.

muscles tense, her breathing gasping, often accelerating in an orgasmic manner.

She sought analysis entirely of her own will, hoping it might relieve her of a conviction which had tormented her, that she was only fitted to live the life of a servant girl. She had resigned a position where she had for several years done satisfactory work as a stenographer, had become an apprentice in housekeeping, had subsequently left several domestic positions because she felt the responsibilities to be too great, and during the three months prior to treatment had shared the work of the servant at home. During this period she had renounced most social life, and had several times for short periods stayed in bed because of depressed moods or 'overstrained nerves'.

Her home life appears to have been more congenial than is usual in our histories. Her father, a successful doctor, was social and kind, though he had occasional fits of bad temper, and during the patient's childhood had spent several months in a sanatorium because of an obsession he would 'mishandle' a patient. He died one year before the patient's professional and social degradation became conspicuous. The mother, a likeable, loving, somewhat punctilious person, has suffered from severe asthma in recent years. The patient has slept in her room since her father's death, and has been much disturbed by her mother's chronic dyspnoea. The patient has two brothers, four and ten years younger than she, and a sister two years older. The sister was the father's favourite, resembled him closely in temperament, had studied medicine, attracted many men, and had been married ten years.

In her early childhood, the patient had had several neurotic disturbances which we shall later mention. She had always been excessively passive in her relations to others, diffident and seclusive in social relationships, had only a rare intimate friend, disliked to assert herself or reveal any of her 'real thoughts' to anyone, and was very fond of reading, especially fairy tales and high-grade novels.

THE FATHER-FIXATION

The patient's transference was distinguished by the development in the first two weeks of a tempestuous emotional reaction absorbing all available libido. Clitoris masturbation, which, she stated, she 'had always done, since the very beginning', was practised several times daily with a profusion of phantasies of manifest infantile content, often resembling dreams. Here is an example from the seventh day of

analysis : *' I imagine I am in the arena of Nero. The completely naked men and women are given to the lions. Nero has the four or five virgins most capable of stimulating his sensibilities sent to him, and after having his will of them, throws them to his soldiers. Often there is another ending : that Nero has intercourse with one, while the others look on. Sometimes there is a third ending : that he copulates in a standing position !! In telling you the last ending, all has been said '.*

Such evidence of the complete domination of her sexual life by an infantile attitude to her father is further elaborated in the history of her erotic experiences. For every heterosexual effort was enacted in a classical Oedipus setting. The men were generally relatives, occasionally a doctor or employer, and always pledged to another woman. The most important of her affairs was a long, at times openly erotic, relationship without coitus with the husband of her sister ; she phantasied consciously the sister would die and leave her the man and their children, whom she passionately adored. When she was together with both her sister and her husband, she would feel as though she was a prostitute. She had sexual intercourse twice, once with a married cousin and once with a friend of the family of whose betrothal she had recently heard. Both events occurred in the second year preceding the analysis, and both times she felt sublimely happy, though frigid. Besides these affairs, her actual sexual life was very meagre, though there had been a succession of phantasy loves with married relatives, employers, and doctors as objects. From these men, and from the analyst, she craved, with all the intensity of her soul, an illegitimate child, but not a permanent marriage. She would also say : *' I could marry only a widower who has already experienced his highest love ' !*

Her *castration complex* is powerfully cathected, and has been much accentuated by brooding over the meagre development of her breasts, and comparing them with her sister's. An attempt to compensate by an excessive vanity about her buttocks was cruelly frustrated by a teacher's reproving her posture. The only remaining hope of healing this tragic narcissistic scar was to have a child ; indeed no phantasy is more pleasurable for her than that of displaying herself in a pregnant condition on the streets.

Memories of the infantile period and undisguised infantile reactions to the analytic situation are frequent. The observation of her father's genitals when three years old is the source of much screen material which demonstrates an especially intense urethral and scopophilic erotism. She believes clitoris pleasure is derived from the urethral

orifice. Compulsive urination in childhood was the typical reaction to a reactivation of her phantasy of parental coitus, a phantasy which very probably originated in an actual observation. A third group of infantile memories cluster about phobias whose analysis discloses the anxiety of being castrated by a brutal father. Once in the analysis she hallucinates the sounds of coitus in the adjacent room ; another time she sees me standing over her with an axe ready to cleave her down the middle.

These phantasies, the transference, and the historical material each brings before our eyes the picture of the phallic child, the component instincts still very adequately fused. The patient had never in any essential attained a higher level of emotional development.

Feelings of Degradation and Death of the Father.—In the eighth week of treatment the hitherto powerful transference situation seemed shattered into worthless, unusable fragments. The patient suddenly believed I was completely indifferent to her communications, wished to stop the treatment, and felt irreparably humiliated. During the subsequent days, a mood of being humiliated, worthless, and degraded completely dominated her reaction. The chief ideational content was a succession of *phantasies of prostitution*. Here is an example, created during masturbation : “ *I am a girl in a brothel. A man is led up to me. He is horrible pudgy, like an animal. In intercourse with him, I make the coital movements of the man. Just before the climax, I become passive.* ” The latent content is characteristic of such a phantasy.⁵ It is revenge on him who has refused love ; it is fulfilment of the incest wish ; and, especially in this patient, there is the self-punishment of degradation in adopting, in her words, “ the only profession for which I am fitted ’. (Moreover, servant girl, for the patient, is a euphemism for prostitute, and her conviction that she was unfit for any occupation except that of menial was the patient’s chief complaint when she sought analysis.)

But soon, from the altered, uncommunicative patient, scraps of new material began to emerge which supplement the feelings of degradation, and on some days completely overshadow it. These are laments that she has *lost her ideal of me* because I have proved my lack of any love for her. There are very intense but fleeting moments of hostility, immediately suppressed and supplemented by a tense protective passivity. Hate of mother and sister are discussed more freely.

⁵ See Deutsch, Helene : *Zür Psychologie der Weiblichen Sexualfunktion* (Internationaler Psychoanalytischer Verlag, Vienna).

And there are, here and there, remarks typical of a state of mourning : the patient feels she has lost ' forever ' all contact with me and with the world ; she craves only to be ' eternally ' with me, would want only to see how I looked. She has lost completely her interest in social life, and in the kino. Then suddenly all these interests reawakened. The patient again became in treatment hours more and more intense, repressing an inner excitement, had moments of sudden peculiar staring, made quick impulsive movements of a very peculiar kind, could not subordinate herself at all to the analytic *régime*. In short, for three days she presented a picture which I have only seen duplicated by definite acute psychosis. The few remarks made during this time indicated a content of idealized notions about me tinged with a religious tone, a violent exacerbation of erotic feeling, and rare fragments of suicidal phantasy.⁶

Our material is not absolutely conclusive ; for the most significant associations were suppressed, except for an eruptive hint here and there. Yet there are many indications that the patient during this period was re-experiencing her reaction to her father's death. Five years ago, before the treatment began, the patient, though her general socialization was limited, was still doing good work in an office. Her father was taken ill. One evening she watched with feverish jealousy her mother taking him away to the hospital. Half an hour afterwards, she frantically exchanged voluptuous embraces with her brother-in-law. Eight days later her father died. She did not weep nor visit his grave, as she had done after the death of other loved ones. She allowed herself only to gaze upon his portrait, in which can be seen the crippled condition of one of his fingers, a castration symbol about which, since childhood, many unconscious phantasies had centred. After a brief illness in bed (' grippe ' , according to her account), she continued her work with no conscious thought of changing her former habits, though indeed with somewhat diminished efficiency.

The cathexes activated by her father's death did not become manifest until the death of a beloved cousin, a year later. Then she wept, was at the same time overcome by feelings of the most intense degradation, resigned her professional position, and the beginnings of morbid regressive processes became apparent.

Later material also showed that the death of her father when she

⁶ The contrast between the dynamics of this reaction and that of melancholia is discussed below.

was twenty-two was equivalent to an event in her seventh (or eighth) year of life. At that time she had seen her father taken away to an institution because of an obsession or delusion that he might mishandle a patient. She solved till puberty the resulting childhood conflict by the assumption of a powerfully masochistic homosexual love for the sister who was so favoured by the father, and whose attainments later represented all she had not achieved for herself. In the analysis the acute episode which had followed the production of this material was followed suddenly by an almost normal period, attained in a similar way by a sudden and complete homosexualization of the transference. Her dreams represented the analyst as a woman with a phallus. 'I did not hate the woman (in the dream) because I could take off her curly wig, whenever I liked', she said. 'I was not anxious because a woman could not give me a child.' After she had attained insight into this manoeuvre, she attempted another solution, represented in dreams whose essential content was: 'Not I shall be punished for incest, but you, father, shall be punished for our deed'. She had, in like manner, fled to a homosexual attachment to a sadistic female employer in the years following the father's death; but this solution had in those adult years failed, perhaps because the beloved had not allowed her the erotic gratification her sister had provided in childhood.

THE SCHIZOID TRAITS

Our previous discussion has disclosed a group of *mechanisms* each of which is also encountered frequently in the analysis of the psychoneuroses. Yet the patient's *symptomatology* is quite different from that of psychoneurotics; its study should therefore disclose certain dynamic relationships which, metapsychologically considered, are peculiar to autistic people. A part of these typical symptoms distinguish the schizoid type of personality; a part are due to the essentially retrograde, regressive tendencies of the potentially psychotic.

Let us first consider certain peculiarities of affectivity. There is that lack of freedom of the patient's emotional expression which is characteristic of such personalities, but there is ordinarily neither lack of observable affect nor incongruities between emotion and associated ideas. Most striking are three other peculiarities: first, '*the tenacity of affect*', a deficiency of normal fluctuation between different types of feeling; secondly, a characteristic '*specificity of affect*', of defective blending of various tones and qualities of feeling; and thirdly, a marked '*intensity of affect*', her conscious life being dominated by

emotional forces of a strength felt only in exceptional situations by normal adults.

These aberrations of the emotional life are intimately associated with the amazing *luxuriance of phantasy*. Most of this originates during masturbation, and reflects directly her preoccupation with topics of infantile sexuality and the impoverishment of the Ego activities and object relationships. The mechanism of such a phantasy-life is generally regarded as a 'flight from reality', a sort of substitutive formation, to which certain poorly organized, hypersensitive persons 'flee' to escape the pain inflicted by 'reality'. That phantasy is an 'escape' and is unquestionably important, but, I think, secondary. The treatment of this patient has convinced me that the *primary factor in eschewing real relationships is the hypercathexis of the phantasy itself*.⁷ *It is not so much the result of repulsion by reality, as it is the consequence of a powerful attraction by the phantasy of primitive autoerotism itself. The relationships of reality have not only a high pain value, but a relatively low pleasure value, because so much of the libido is already absorbed in cathecting the phantasy.*

But to evaluate the phantasy adequately, we must concede it a more essential function than is usually done. It is sufficient to regard conscious phantasy as an activity for the release of certain libidinal impulses which are not countenanced by ego or outer world. The phantasy is itself essentially the precursor of every volitional act.⁸ It is a sort of legal counsel before the super-ego for an impulse originating in the id, the representation to consciousness of an impulse to action, and its potential pleasure values. The ego then acts upon this phantasy and the attitudes of super-ego and reality, by either executing the impulse or repressing it. *But the phantasy always precedes Ego function. The persistence and the conscious elaboration of the phantasy must, therefore, represent a failure of the ego to accomplish one or the other of its two original functions, execution or repression. The phantasy is, therefore, the definite continuation of a preliminary stage to all ego activity, not primarily a reaction to outer frustration.* Such a profusion of phantasy life as our patient exhibits is in itself an index of the malfunction of

⁷ Freud refers to a similar phenomenon, the absorption of the Ego in memories of the lost object in melancholia, as 'hypercathexis'. Freud: 'Mourning and Melancholia,' *Collected Papers*, Vol. IV.

⁸ The mechanisms of unconscious or involuntary acts are more complex, but not essentially different.

the ego, of the ego's failure to perform either its function of enacting or its function of repressing.⁹

THE FAILURE OF REPRESSION

The peculiarities of affect are, like the phantasies, very different from those of normal adults; they are primitive, and represent a survival (not a revival) of the instinctual wishes, their gratifications, and the emotional organization of the child at the phallic stage of development.¹⁰ Most adults, by means of repression and decathexis, transformations, identifications and sublimations, have attained a libido organization of great diversity and lability. The restraints upon their sexual instincts emanate largely from a highly organized and desexualized super-ego. Their emotions shew qualities of plasticity, fluctuability, and, above all, blendedness. To a considerable degree, the victims of transference neuroses have achieved the same developmental goals; for considerable periods of their lives, in many of their activities, their ego have functioned in a similar way.

There is also a fundamental difference between psychoneurotic conflict and the conflict of this patient in her search for object-love. The symptoms of the psychoneurotic represent the discharge of quanta of repressed instinctual energy. The symptoms of the patient are essentially those which distinguished the phallic stage of normal or neurotic childhood, before repression had been achieved.

Topographically expressed, the sexual impulses of the id have overpowered the ego. In psychoneurosis, a masterful ego has repressed the forbidden sexual impulses of the id, and symptoms are the attempt to circumvent this tyranny.¹¹ In the patient, the ego has become the

⁹ Theoretically we can distinguish two mechanisms of phantasy formation: that which pertains to the initial stage of instinct expression and that which is an 'attempt at healing', an effort to regain the object which has been lost. Our patient's phantasies belong predominantly to the first type; the second plays an important rôle in more advanced schizophrenia and is discussed at length by Freud in 'On Narcissism', *Collected Papers*, Vol. IV.

¹⁰ Freud refers directly to 'intensification' and 'isolation' of emotions in children and in dream life. He discusses the 'integration' of instinctual feelings and desires which have grown up independently of one another in relation to the development of the *Ego Group Psychology and the Analysis of the Ego* (Int. Psychoanalytischen Verlag, Vienna), p. 19, footnote.

¹¹ Note Freud's differentiation of psychoneurosis and psychosis. Freud, Sigmund: *Neurosis and Psychosis*, *Collected Papers*, Vol. II.

abject slave of these impulses ; it has been too weak to accomplish so masterful an achievement as repression. *Though the boundary between ego and reality is still, in this early condition, quite intact, the boundary between ego and id has never been definitely established, as it has in both normal and psychoneurotic. The id is the master of the ego, the result of marked dysfunction of the ego. This is most clearly apparent in its failure to repress infantile impulses.* But it is also clearly manifest in the ego's failure to establish reality relationships and to achieve the egoistic aims of the adult. In more morbid cases, there is even an indifference to self-preservation, to the avoidance of harmful stimuli, and to nourishment.

Besides deficiency of repression and survival of infantile emotional modes, our patient also exhibits the survival of two other features of the phallic period of development, a primitive super-ego and primitive capacity for sublimation. One does find here and there patches of a more adult organization. She bemoans, for example, her immorality : ' I am so wicked ! I am so wicked ! I am like an animal ! ' But further study reveals how limited are the feelings of guilt. For example, she had no real remorse in regard to her erotic relations with her brother-in-law and cousin ; and higher ethics, though clearly recognized by her intellect, *do not control her conduct. What does control her behaviour is fear of castration and fear of retaliation, not remorse or effective feelings of guilt, or any manifestation of a well-defined super-ego.*

Furthermore, *her powers of sublimation* are extremely primitive. The patient's happiest evening during treatment, although occurring in the middle of a specially trying period, was spent *sitting on the floor, building with children's blocks simple structures which represented symbols of male and female genitalia to her conscious mind.* ' I wanted to build a house, but there were not enough blocks : so I built a gate. I put first two blocks on the floor, and then a block spanning them. It was like a house into which one could see. Then I made two lanes, bending downward to the house, then I built a tower. Some blocks were left over (resistance increases)—a small tower. It occurred to me the tower was like a penis. . . . Then I became more and more troubled : I had intense dislike for you. (With powerful affect.) You are not real ! You are a mask ! If the mask were taken away, there would be a gruesome face '. The patient's affect becomes violent, she says nothing, and suddenly, with a grunting expiration, becomes quiet, as peaceful as a sleeper. She was not, as a normal woman might do, ' playing she was a child ' ;

she was undergoing, mentally and emotionally, the actual experience of a child.

Her success in office work during the years preceding her father's death—and this had simulated normal activity more closely than any other occupation of her adult life—was due only to her ability to find there equivalents for onanistic and incestuous gratification. She worked feverishly for a man who was an outspoken sadistic father-substitute, and became the central figure of such masturbation phantasies as this: 'A bell rings, I go to his room, he is sitting on the desk; I very aggressively unbutton his trousers'. She states: 'I loved my typewriter like a part of my own body, like something which must always belong to me . . . [yet] I could never develop my speed beyond a certain limited point'. Typewriting is for her, very superficially sublimated, almost conscious, masturbation.¹² Here we see how the appearance of exercising a useful, desexualized, social function is always a very superficial disguise, and the unrefined, instinctual impulses are actually attaining almost direct gratification.¹³

The immaturity of super-ego and sublimation, the domination of the ego by the incestuous demands of the id, her helplessness in attaining gratification by the cathexis of real objects, the primitive quality of her affects and phantasies, the compulsive masturbation and tremendous over-evaluation of the phallus, as well as the deficient attainment of egoistic objectives, represent, therefore, an indefinitely protracted phase of instinctual and topographical development. These appear to be the result of an essential incapacity for repression by the ego, a process whose

¹² Here we have in a real activity (typewriting) the model of the 'Influencing Machine' of Tausk's patient. This was the delusional formulation of an apparatus which controlled all the peculiarities of sensation and thought perceived by the patient. Analysis showed it was the product of an identification of projected 'influences', and a machine symbolizing the patient's body and genitalia. Tausk, Viktor: 'Über die Entstehung des Beeinflussungsapparats in der Schizophrenie,' *Int. Zeits. f. ärztliche Psychoanalyse*, Vol. V., 1919, S. 6-33.

¹³ In her interest in good literature, the patient approached more closely to normal adult sublimation than elsewhere. But there is always an abnormally intense reaction to some feature of a literary work of art whose analysis reveals a latent content of typically infantile character. Many fairy tales retain for her, consciously and unconsciously, all the emotional significance which they had for her in childhood. Her 'aesthetic' reactions to 'Rumpelstilzkin' and the 'Merchant of Venice' are identical, and their analyses showed identical latent contents.

achievement is essential before libido may be diverted to the purposes of the adult ego.

MORBID PROCESSES: NARCISSISM AND SCHIZOPHRENIC REGRESSION

Our discussion so far has chiefly concerned those mechanisms pertaining to this patient's highest level of development, what Freud terms the 'residual processes'. We now wish to speak of the 'morbid processes', representing the renunciation of phallic cathexes and the retrogressive movement of the libido to the ego. In our patient residual symptoms still predominate; and this affords an excellent opportunity for the study of the dynamic relationships between the inhibited ego development of the schizoid personality and the early stages of schizophrenic regression.

This difference is most simply shown in the abortive religious interests of the patient, in her difficulty in choosing whether to love Jesus as father-substitute, or retreat to the peaceful Nirvana of Buddhism, with renunciation of the object.

The same emotional devices appeared still more clearly on certain days of the analysis. After a period of great tension, she would for some time lie in utter peacefulness on the sofa. No longer would she be occupied with an attempt to gratify her love or to control her hate; but her remarks would refer entirely to a state of calm, tensionless vacuity, for example: 'Complete rest is not to think . . . the best sleep is not to dream . . . I want to fall asleep now . . . I feel quiet, I want peace. . . . I imagine myself naked and quiet by you'. In other words, the attainment of a Nirvana peace is equivalent to the abolition of even such abortive object cathexes as the 'hypercathected imago' phantasies which masturbation¹⁴ and the treatment hour provide. Incompletely analysed bits of dream and phantasy, during the same period of analysis, also suggested strongly a retreat to the primary narcissism of the pre-natal and suckling periods.¹⁵

¹⁴ On the day of these quoted phrases, the patient also stated she had recently masturbated without phantasy, with no thought except 'how beautiful is the sensation of which my body is capable'. It is not unreasonable to assume that the phantasies were unconscious or later repressed. I inclined, however, to the opinion that the patient was at this time actually capable of autoerotic gratification which involved no interest in an object, even a phantasied object.

¹⁵ For six days following the remarks quoted above, the patient did not masturbate—an unusual achievement. One night she dreamt (in

Body Narcissism.—We have already discussed the attempt to palliate the humiliation of being without a penis by a very intense pride in breasts and buttocks, and the failure to maintain this compensation. But only the attempt to find narcissic pleasure in displaying bodily beauty to the world failed. The patient never renounced the pleasure of private worship of her own charms. She felt she possessed an exalted acuteness of sensual perception, especially of smell. Her extreme olfactory pleasure was one of the chief occasions of her self-reproach that her nature was that of an animal. She said: '*Every thought I have is beautiful, so long as it is my secret. All that belongs to ME is beautiful. . . . Each person has a separate smell . . . it is beautiful to me. There is the fragrance of individual difference in sweat. There is the odour of menstruation . . . my own is beautiful to me.*¹⁶ (*Your excrement?*) *MY OWN are not disagreeable to me*'. She occasionally finds a high pleasure value in the observation of her own defecation.

Certain phenomena appear to be the rudiments of an '*organ speech*'. One observes such incidents as intestinal reactions to analytic situations in the treatment of psychoneurotics, but not such complex and 'unnatural' muscle reactions to an emotional situation as this patient manifested. One day, when her verbal remarks had been confined to a few imperious commands, and her whole ego appeared to be concentrated on the exclusion of aggressive wishes from act and phantasy, she developed a powerful passion to look upon me, demanded that I give permission and insisted that I had forbidden it. Gradually her eyeballs were fixated in a most unnatural position, the antagonistic ocular muscles straining to the utmost. Finally her gaze shifted to my eyes with a look expressing the extremes of adoration and hate. After a long pause, she said very strangely: 'I am forbidden to love you'.

part): 'I was in a great room. I swam about with my mother. I swim very often in dreams and very well, although it is not easy for me in real life . . .,' etc. The same night she phantasied she possessed a penis 'no bigger than a child's', with two holes, one for semen and one for urine. A few days earlier she had phantasied: 'I want to die by drowning. That would be an escape from all my troubles. . . . I imagined I was drowned. I would see a boat. I had drowned myself. It was a separation'. She states these were repetitions of phantasies first elaborated on the night of defloration.

¹⁶ Another day she cried ecstatically: 'Menstruation is not shameful! It is not punishment [as you implied]! It is the most beautiful thing in my life; it is my nearest approach to a baby!'

A few days later she repeated this act with indescribable suddenness and quickness. The movement appeared to represent a supreme achievement in the overpowering of antagonistic muscle groups. On the third day, under the same affective situation, she went through a complicated series of motions with an extreme slowness, reproducing most effectively the effect of slow-motion movies of athletes. Staring fixedly before her, she gradually stretched a leg out to the floor, removed herself from the sofa, came across the room on her knees to my chair, wished to kiss my hand, and gazed at me for many minutes. Here was a typical, though abortive, picture of catatonia.¹⁷

Hypochondria and Megalomania.—Following the pioneer work of Abraham¹⁸ and Jung,¹⁹ Freud²⁰ expounded the fundamental relationship of megalomania to the morbid processes of schizophrenia. He also described the narcissistic dynamics of hypochondria, which Nunberg²¹ showed to be an essential phase in the evolution of catatonia. Freud states that megalomania performs the same function in schizophrenia as phantasy in psychoneurosis; for it represents the mastery of that volume of libido whose liberation through the normal path of discharge has been frustrated. The regression of our patient, however, has not yet reached a stage where megalomania or hypochondria is definitely established. At certain moments I have discussed, there is probably a very brief conviction of 'magical', uncanny power; but almost always she is still baffled by her *incapacity* to achieve the omnipotence she craves. Similarly, her attitude to her body is, 'I have joy in my body, *as though* it were supernaturally beautiful'. Such discrimination between a subjective pleasure and objective fact is not yet megalomania.

¹⁷ Such morbid reactions as this behaviour, sporadic hallucinations, momentary delusions, etc., were elicited by analysis and did not occur in everyday life. They are, nevertheless, of primary importance in establishing our diagnosis.

¹⁸ Abraham, Karl. 'The Psycho-sexual Differences between Hysteria and Dementia Præcox (1908).' *Selected Papers* (International Psychoanalytic Library Series, No. 13).

¹⁹ Jung, C. G. 'Über die Psychologie der Dementia Præcox' *Verlag Karl Merhold*, Halle, 1907.

²⁰ Freud, Sigmund: 'On Narcissism' *Collected Papers*, Vol. IV., and Introductory Lectures on Psychoanalysis (New York, 1920).

²¹ Nunberg, H. 'Über den Katatonischen Anfall', *Int. Zeits. f. Psychoanalyse*, Vol. VI., 1920, pp. 25 and 41.

But the *tendency* for transformation of ego-to-organ-libido is definite, though there has not yet occurred a permanent 'damming-up'. The libido applied to any organ function, or to the body as a whole, never accumulates to a point of tension which is perceived as pain. Its discharge is attained through a certain amount of intellectual activity and through relationships with other people, but most of all through the orgasms of masturbation, assisted by the associated phantasies. In other words, the renunciation of full clitoris potency would be a big step to conspicuous megalomania and hypochondria, and this she has not renounced.

Depersonalization.—A very pronounced feature of the transference, though it receded gradually during the treatment, was the patient's attribution of a sense of unreality to her phantasies of the analyst. Sometimes he seemed only an abstract religious-like ideal of purity and goodness; sometimes as a 'wish-picture'; sometimes as a person 'who does not exist'. But throughout the first two months of analysis the patient insisted that her perceptions and phantasies of him were lacking in an essential character of convincing reality. She particularly reiterated that, in spite of her feelings towards me, after a few days' separation I should no longer be an object of her phantasy.²²

In studying this depersonalization of the object in this patient, one feature is striking; the process is only observable in the analytic situation; the peculiarities ascribed to the patient's perceptions of me are not yet ascribed to other people. It recalls only one other relationship, that because of antithesis: I refer to the erotic relationship to the parents. She had not denied full apprehension of their reality; instead, she had since childhood denied completely a conscious apprehension of their sexual function, as well as tender wishes during her father's life and grief at his death. In short, *she accepts the analyst as a sexual stimulus, but denies him personality; she concedes the parents personality, but denies intimate emotional feelings for them (especially for the father) and any conscious apprehension of their sexual functions.* The two processes cannot be essentially unrelated. For the patient exclaims dramatically, with delusional conviction at the moment: 'I am your child!' Furthermore, to be my child is the equivalent of bearing my

²² I am indebted to Dr. Fliess for the following verbal communication: At Dr. Simmel's Sanitorium (Schloss Tegel), where psycho-analysis is occasionally conducted on successive days by different analysts, the indifference about the different analysts is characteristic of schizophrenic patients.

child. The associations to one dream identified me with the embryo her pregnant sister was carrying at the time. In another dream she had, however, identified *herself* with her *sister's* prospective baby as well as with the sister, and at the beginning of another hour she violently tore off a belt and cast it from her; she said she was ashamed because the belt made her feel sexed, but without it she was 'sexless'. She habitually uses the word 'sexless' in association with her refusal to admit to herself in her tenth year that her mother's pregnancy was a sexual phenomenon. And many months later we learn another significance to the belt; it made visible the female configuration of her figure. Only when she tosses it away (to become sexless), to be castrated, to be a child, can she satisfy her passive scopophilia, without shame. Another day, the patient exclaimed: 'You are not like father! . . . he was no man for me . . . he was sexless. . . . But when I was a child, he appeared a strong, virile man'. To renounce the belt is, therefore, self-castration; and father and penis being equivalent through narcissistic identification, self-castration is to renounce the father. We shall discuss elsewhere this inhibited hate reaction, embodied in the renunciation of the father. Here we only wish to indicate that the *psychic annihilation (desexualization or castration) of the father is another determinant of great importance in depersonalization*. 'So long as (either) you or I remain sexless (castrated), I can enjoy your love', is its meaning.

The day after the belt scene, she told me of depression, fear of death (castration and union with the father) and masturbation by her infantile method (bed-feathers as penis). On the third day, *she dreamt of intercourse with a stranger, interrupted by voices, and observed by a crowd of people. The moment of highest affect in the dream was to another fragment, viz. that she had retained in her the penis of the stranger*. After making this statement, she had the strong wish to suppress all further analytical activity. Here we see a further identification of her 'sexlessness' with the analyst's (father's) genital; she can only possess it by making him a stranger, and that is 'estrangement', the denial of her libidinous bonds. Another time the patient states: 'You are a stranger to me; for then I can have everything'.

A slip of the tongue, after the depersonalization of the transference had diminished, indicates perhaps a still earlier stage of the 'estrangement feelings'. The patient said 'I', but corrected herself, and continued: 'You are a stranger to me'. *The lapsus linguae indicated the estrangement originated in the resentment at being treated as a stranger*

(that is asexually) by her father. Furthermore, we know that by the age of eight the patient had developed a technique for concealing her 'real thoughts' systematically and consciously from her father, and had conscientiously cultivated the conviction that she loved neither parent.

Depersonalization is for this patient, therefore, essentially to render sexless, to castrate the father or his analytic substitute, and, because the patient identifies herself with the paternal phallus, it is at the same time a self-castration. Thus, she becomes a sexless child without anxiety.²³ With the beginning of the schizophrenic regression, which means a cathexis of organs and a resulting increase of libidinous tension in them, the same mechanism is applied to the new situation, and the patient has cognition of the change and strangeness of sensations in other organs—the first in the series of changes described by Tausk.²⁴

Finally, the universal observation of the similarity or identity of schizophrenic ideation and dreams is considerably elucidated by this point of view. Dreams are only possible when the ego cathexes are no longer applied in the furtherance of external interests. In sleep, these ego functions become temporarily inactive, and the id may have relatively uncensored expression. In schizophrenia, the same functions are not merely intermittently quiescent, but constantly defective.

The Ambivalence Conflict.—We must now consider the dynamic situation which rendered the partial adjustment of this poorly organized phallic personality no longer tenable. The nature of this precipitating

²³ Sadger also demonstrated that self-castration was the dominant feature of his male case of depersonalization. Sadger, I.: Über Depersonalisation. *Int. Zeits. f. Psychoanalyse*, Vol. XIV., 315-51 (1928).

²⁴ Tausk (loc. cit.) believed that the beginning of the whole morbid process of schizophrenia was the appearance of slight changes in the cognition of body sensations (*Veränderungsgefühle*), and sensations perceived as foreign to the ego (*Entfremdungsgefühle*), and believes these to be purposeful processes for the protection of the ego against accumulation of an organ libido. Even the earliest changes described by him are not yet apparent in my case. Yet, the characteristic of denying the reality of libidinous perceptive is common to the symptoms he described and the depersonalization of the analyst in my patient. May we not regard the process described above as a still earlier stage of that development Tausk has elucidated, and conclude that this device for protection of the ego against the accumulation of painful quantities of libido antedates the massive transformation of object-libido to ego-libido, i.e. the regression from secondary narcissism to primal narcissism.

conflict was clearly enacted in the powerful repetition-compulsion of the sixth and seventh months of analysis. Periods of violent erotic emotion were, during that period, repeatedly supplanted by complaints that she was not loved, that she must, therefore, break all bonds which bound her to the analyst. Here one could observe the most constant and decisive of the patient's problems throughout life—the conviction that she was unloved. This had had its roots in the frustration of the very powerful masochistic attitude to the father, a problem much augmented by the preference of the father for her sister, and in the attitude that castration was not only a punishment, but the most cruel proof that she was not loved by anyone. These two infantile disappointments were constantly reactivated by adult observation of the marked superiority of the sister in attaining her sexual and egoistic objectives; and by her own failure to develop those bodily traits which would have soothed the castration wound to her narcissism, and have made the exploitation of her powerful wishes highly gratifying.

The reaction to the 'sexually indifferent' father which we observed, e.g. is the model for the typical, generalized, 'shut-in' attitude of the patient. This was most clearly to be observed in a stubborn resistance, not against particular communications, but any at all. Analysis showed it was the expression of the theorem: if you (analyst, father) share none of your sexual secrets with me, I shall have my autoerotic pleasure, but shall reveal no fragment of these feelings to you (analyst, father, world).

The reaction to her conviction that she was unloved was the emergence of a powerful hate. This resulted in a conflict of love-hate impulses which dominated her life and the transference. The thwarting of her masochism by the analyst's passivity repeatedly led to imperious and incessant demands for 'help' from him. If he then failed to take a definitely active rôle in the conversation, she became dramatically very tense, and hate then dominated the transference, though stalwart defences were raised against it. It was only at these times that reactions occurred which, for the duration of the hour, have been described as characteristic of schizophrenic regression (e.g. crawling on knees; peculiar fixed staring).²⁵ But a reversion to the positive

²⁵ I incline to the opinion that here we have an especially clear case of instinctual defusion. When the fusion of death and sex instincta represented in the masochism is ungratified, a defusion results: the sexual instincts become purely narcissistic, the destructive impulses are de sexualized and directed at the outer world.

transference could be brought about by any activity of the analyst which the patient could accept emotionally as a proffer of love.

The refusal to share her feelings with the analyst, depersonalization, and the other recurrent transference reactions we have discussed, as well as her whole characteristically autistic attitude, were all reflections of this problem which has tormented the patient's soul since she became capable of object love—her conviction that she is unloved. Its direct result was a terrific hate of her father. This produced the conflict, which, when hypercathected by her father's death, compelled renunciation of her already crippled ego-organization, and regression toward more primitive levels, the level of sucking erotism (see below), and possibly still earlier ones which we understand so little.

THE EGO'S DEFENCE AGAINST AGGRESSION

We are now confronted by a significant antithesis. We have emphasized the inadequate repression of early sexual impulses, and now must recognize quite as emphatically that the exclusion of the aggressive instincts from phantasy and motility is almost complete. We are offering for consideration the proposition that the hyperfunction of the ego in mastering aggression results in so extreme a depletion of the energy at the disposal of the ego that ego-energy is not then available for achieving adequate control of infantile sex impulses by repression. This hypothesis would be a step toward understanding the ego's failure to solve the sexual problems of the phallic stage; and to achieve the identifications, sublimations, super-ego formation, and even neurotic symptom-gratification, which distinguish a more mature, post-phallic ego.

This would not be a unique phenomenon. Freud has already demonstrated repeatedly how a similar impoverishment of one system results from the excessive energy expenditure of another, e.g. in emotional apathy of compulsive neurotic,²⁶ during physical pain,²⁷ during mourning,²⁸ and in the sexual impulses which are released from inhibitions in traumatic neurosis.²⁹ Indeed, his remarks on the latter condition³⁰ suggest that a close relationship exists between the

²⁶ Freud, Sigmund: *Hemmung, Symptom und Angst*, Psychoanalytischer Verlag, Vienna, 1926, p. 3.

²⁷ Freud, Sigmund: *Beyond the Pleasure Principle*, p. 34.

²⁸ Freud, Sigmund: *Hemmung, Symptom und Angst*, p. 3.

²⁹ Freud, Sigmund: *Beyond the Pleasure Principle*, p. 2.

³⁰ Idem, pp. 34 *et seq.*

mechanisms of *traumatic neurosis and schizoid character problems*, and seems especially clear in the conspicuousness of the *repetition-compulsion* in both conditions. The repetition compulsion of the traumatic neurosis is the reaction to danger of a relatively adult ego which is imperilled and crippled by an excess of aggression. Our patient shows a somewhat similar lifelong reaction of an immature ego endangered by the aggressive impulses aroused by an overpowering affront to phallic narcissism.³¹ The patient, like the traumatic neurotic, is also unsuccessful in binding large quantities of instinctual energy which threaten the ego, and is constantly absorbed in the compulsive repetition of her infantile frustration. When the aggressive cathexis becomes still greater, as occurred at the death of the patient's father, the patient must abandon, not only the pleasure-principle, but even the attainment of instinctual equilibrium through the repetition compulsion, and no solution remains except the regression to a still more primitive mechanism.³²

The repetition compulsion is regarded as the first stage in the transformation of kinetic (free) to potential (bound) instinctual energy, as a preliminary to a process which is completed by repression. So traumatic neurosis represents the failure to bind the instinctual charge by repression and a reversion to the ontogenetically earlier mechanism of the repetition compulsion. But it seems that not only the mechanism, but the purpose as well, is the same in our patient as in the traumatic neurotic. *The device in both conditions is one for escaping anxiety, and indeed the anxiety that the execution of an aggressive, desexualized wish would precipitate retaliation.*

Without implying that there is any fundamental difference in their origin, nevertheless, we find it helpful to distinguish two distinct anxiety mechanisms in the patient. We shall call that which acts as a signal for the ego to defend itself against the impulse to replace the mother as father's love object 'castration anxiety', and that which plays an analogous rôle in the ego's defence against desexualized impulses of aggression against the father himself, 'retaliation anxiety'.³³

³¹ Idem, p. 2. 'Loss and failure in the sphere of the affections left behind in the ego—feeling marks of injury comparable to a narcissistic sear. Some few regularly recurring types are to be found in accordance with the typical way in which the love of this period was brought to an end.' Our patient represents such a type.

³² See 'Oral Ejection', below.

³³ Called 'death anxiety' by Freud. See *Hemmung, Symptom und Angst*, p. 72.

This is only to accord the primitive conception and reaction of the 'Talion Principle' a fundamental place in metapsychology.³⁴ Our patient recognizes it throughout with unpolished naïveté: 'When one is wounded, one wants revenge, *of course*'. Since the work of Abraham,³⁵ Jung,³⁶ and Storch,³⁷ the similarity of speech and thought in primitive folk and schizophrenia has been recognized. Now we are able to describe more completely the primitive *organization* which underlies both these mentalities. For the schizophrenic is the contemporary representative of primitive man. In his social isolation, his unrefined sexuality, the power of his aggression, his fear of those he would attack, he demonstrates the deficiency of the erotic bonds with society, and the restriction of primary sexual and aggressive aims, which Freud considers the basis of civilization.³⁸ Now we understand his isolation is determined, not merely by his love of self (narcissism), but by his primordial hate of others, of his potential enemies, of his parents and mankind.

Towards the end of the analysis, the patient would often cry at those times when her aggression was most powerful: 'If it were not for civilization, I should be well!' At another time, after stating she was unfit for civilization, she cried: 'I must destroy! I must destroy everything!' ³⁹ Civilized man has controlled externalized aggression and redirected its energy through the elaboration of the super-ego. Freud suggested that ⁴⁰ there are two possible sources of the aggression exercised by this structure, the aggression of the introjected father himself or an assumption by the introjected father of the aggression which originally had been directed against him. Our view of the rôle of retaliation anxiety would, however, lead to the conclusion that the two possibilities of which Freud speaks are not alternative or supple-

³⁴ The wording of the Talion Law itself ('An eye for an eye, a tooth for a tooth') confirms the opinion that the distinction between 'castration anxiety' and 'retaliation anxiety' is only a matter of convenience.

³⁵ Loc. cit.

³⁶ Loc. cit.

³⁷ Storch, Alfred: 'The Primitive Archaic Forms of Inner Experience and Thought in Schizophrenia', *Nerv. and Ment. Dis. Monog. Series*, No. 36.

³⁸ Freud, Sigmund: *Civilization and its Discontents*, 1930.

³⁹ Here is embodied the most fundamental unconscious impulse of the autistic personality, the 'World Destruction Phantasy' which Schilder discusses. Schilder, Paul: 'Einführung zu einer Psychiatrie auf psychoanalytischen Grundlagen', *Int. Psy. Bibliothek*, No. 17.

⁴⁰ Freud, loc. cit.

mentary, but that they are causatively and developmentally related. The stages in the development of the aggressive power of the mature super-ego would then be these: first, the incest wish is thwarted; second, the reaction is hate; third, *hate precipitates retaliation anxiety* (anxiety before the parent (feeling of guilt) is, therefore, an inevitable reaction to the person's own aggression); fourth, the retaliatory aggression which is expected from the real parent is indeed exercised by his psychological representative, the identification which becomes the super-ego.⁴¹

Our patient, then, is like uncivilized man because she had reached in her development, only the third of these stages, the stage of retaliation anxiety; and had never mastered this by an acceptance of retaliatory aggression through identification with the feared aggressor.⁴²

We now have further questions to answer. Let us tentatively grant the validity of our hypothesis, that the energy normally available for the sexual repression is absorbed in the task of protecting the ego against retaliation anxiety by the repetition compulsion,⁴² and indeed it appears empirically substantiated in transference reactions. But then we find our inquiry into the history of aggression in our patient has brought us to essentially the same point of view we reached in our study of her sexuality. For we found her sexual development had ceased at the stage where castration anxiety appears; and now we have come to understand that her egoistic development ended at an analogous point, namely, protection against retaliation anxiety. We find in the problems related to both sources of anxiety, an essential deficiency of super-ego, that is of an organ built upon identifications. But identification is the re-utilization of a mechanism originating in the second stage of oral organization. It would seem there is some fundamental defect there, and we shall turn our attention to it.

ORAL EJECTION

I am indebted to René Laforgue⁴³ for calling my attention to the

⁴¹ It is not essential here to discuss the fact that Freud was considering the introjection of the rival (homosexual) parent, whereas we are speaking primarily of a case of ambivalence toward the heterosexual parent.

⁴² It is noteworthy that the patient failed to solve this mechanism by the neurotic projection mechanism of infantile phobia.

⁴³ Laforgue, René: 'Verdrängung und Skotomisation.' *Int. Zeits. f. Psychoanalyse*, Vol. XII., pp. 54-65 (1926); 'Über Skotomisation', *idem*, pp. 451-6.

significance of the weaning period in the formation of autistic personalities. He, too, regards the failure of sexual repression as the keystone to an understanding of autistic mechanisms. Furthermore, he proposes that autistic personalities have not solved their conflicts by the mechanism of repression, but by an *alternative* mechanism, which consists of an ingestion, a psychic digestion and conversion into fæces of the object ; this he calls 'scotomization'. But, in my opinion, the process Laforque calls 'scotomization' is in no way specific for autistic personalities ; on the other hand, it differs in no essential from the universally recognized identification mechanism, or 'cannibalistic' introjection.⁴⁴

Our patient had, indeed, failed to solve her oral problems. There were serious feeding difficulties which would hardly have occurred in a well-weaned child. She required a bottle a very long time ; yet she would never drink milk from it, and demanded cocoa instead. Certainly that is the prototype of her later ambivalence to her father ; she must have the equivalent for the breast, and simultaneously deny her love for the milk. At the same time, it definitely defines the tremendous reluctance of the patient to renounce the pleasures of suckling gratification.

Similarly, a violent transference ambivalence, occurring during associations to a dream of kissing the male genital, was one day epitomized in this striking and paradoxical outcry : '*I—I am terribly hungry—but I don't love you at all!*' Another day she vehemently complains : '*You don't love me, you let me starve!*' And again, during the discussion of the incestuous content of some phantasies, the patient, very excited, cried dramatically : '*I am hungry!*' When a little quieter, she added : 'Something has occurred to me ! Sometimes I must eat a lot of sweet things. In this way I can avoid everything and get away from my masturbation problems. Thus I am able to repress other things'.

Such remarks, occurring after months of analysis, shew how the attempt for genital union with the father reanimated the early libidinous gratifications of nursing the mother, the ambivalence of the weaning

⁴⁴ Abraham, Karl : 'The First Pregenital Stage of the Libido' (1916), *Selected Papers on Psycho-Analysis*.

Freud, Sigmund : *Group Psychology and the Analysis of the Ego*, 1922, p. 60. 'Identification is known to psychoanalysis as the earliest expression of an emotional tie with another person. Identification, in fact, is ambivalent from the very first. It behaves like a derivative of the first oral phase of the libido.'

period, and a renewed effort to solve ambivalence by cannibalistic means. But in the real life of the patient, she had failed to achieve this goal of the second oral organization, and thus was unprepared for the solution of genital problems. *We are suggesting that cannibalization (ingestion, introjection, scotomization) is not the skeletal mechanism of autism, but that the refusal of the primitive ego to perform this function is. Renunciation of the outer world appears actually to be equivalent to 'vomiting' instead of normal ingestion, to ejection of the tentatively introjected object.* I should regard identification as a predecessor of the repetition-compulsion at the phallic stage, ejection as the oral model of genital *rejection*. The ego which has not accepted completely the early function of identification by introjection is not prepared to fulfil the later one of repression and the coincidental retention of object cathexes.

This hypothesis was suggested empirically by portions of the analytical material. One day the patient reported having suffered that morning a severe right iliac pain. She had consulted a physician, who diagnosed it (I believe correctly) as spasm of the colon. She had vomited profusely, the pain had subsided, and she had stubbornly refused to swallow the pills prescribed by the doctor. In spite of the severity of the pain, she had felt introspectively convinced that the source was psychogenic, that it was 'a result of difficulty in loving', whose proper solution would have been a bowel movement. A profusion of associations further clarified the psychological meaning of the symptoms, for example: 'I must look at you . . . you torment me . . . I shall not come to the analysis any more . . . I am going home. . . . I am making a scene like a child . . . you don't love me. . . . you make me suffer . . . you give me nothing . . . strike me dead . . . I cannot endure my love for you any longer'. From this it was clear that the vomiting was synchronous with a renunciation of the loved and hated object, that the refusal to accept the pills was a denial of the impulse to a solution of the ambivalence problem by symbolic cannibalization.

If our ejection theory be well grounded, we can somewhat better comprehend the patient's reaction to the death of the father, and its repetition in the transference. We can also partially understand why the reaction did not resemble melancholia, and why depression appeared only in tiny patches. For we now realize the situation differed in three essentials from that which produces melancholia: (1) the battleground of the ambivalence conflict was phallic, not that of a highly organized

ego ; ⁴⁵ (2) the super-ego was primitive, and the patient, therefore, in her regression retreats from a late infantile, and not an adult, anxiety situation ; (3) the object had never been successfully introjected, and the ego was, therefore, not identified with the object.⁴⁶

⁴⁵ Among several other similar observations, Zilboorg's on a large group of cases is especially definite. Zilboorg, G. : ' Dynamics of Schizophrenic Reactions Related to Pregnancy and Childbirth.' *Amer. Jour. of Psychiatry*, Vol. VIII., pp. 733-67 (1929).

⁴⁶ Dr. Franz Alexander has referred to a similar mechanism in the following remark : ' We now see, in the well-known picture of pylorospasm, which might properly be considered a primary neurotic symptom, how some new-born children resist taking nourishment by way of mouth and digestive tract.'

Dr. William Silverberg reported the following observations in his discussion of this paper. After a paranoid state of several months, a patient became catatonic with mutism, waxy flexibility, and closed eyes. At times he opened his mouth wide, either in response to questions or remarks, or spontaneously. He was then offered a nursing bottle regularly, which he accepted with marked evidence of oral pleasure, though he ingested little, and would refuse to take the nipple again and allow the milk to trickle from his mouth. When offered a cigarette, he accepted it passively at first, and then refused it. Dr. Silverberg believes his experiment indicates there can be no oral ejection without an effort toward ingestion, and that oral ejection may be an indication of sufficient gratification or a super-ego threat, without reference to the more elaborate processes of introjection.

Dr. Gregory Zilboorg in discussing this paper mentioned a schizophrenic boy who ate and several times a day would force himself to vomit, and a case of ' neurotic depression ' who would buy a soda, vomit, and repeat this behaviour. He and Dr. Silverberg both recognized the phenomenon of ejection, but did not regard it as typical of schizophrenia.

An advanced schizophrenic case of mine always answered the questions as to how she became ill : ' The whole thing was difficulty in eating. I couldn't eat like other people. That is the only reason I'm sick.'

A post-schizophrenic in analysis recalled vomiting when he watched his four-year-old younger brother being suckled.

An adolescent with definitely autistic trends, after material representing me as a projection of his super-ego, reported nausea. His associations dealt with strong impulses of revolt against his father, mother, and others. I suggested the nausea represented his revolt against accepting milk from his mother, a fact of his infancy of which he had already informed me. He replied that he could prove me wrong, but he felt emotionally the interpretation was correct.

RECAPITULATION

I feel, therefore, that the primary and determinative conflict of ego malfunction is at the second (cannibalistic) oral stage, and a regression to a fixation at the first (sucking) oral level is necessary if the repetitive compulsion fails to fulfil its function.

The chief of several defects in this study, is, however, the shortness of the analysis (ten months) ; yet the course of the last weeks especially justified the opinion that later observations would confirm our tentative interpretation. Three weeks before its conclusion, the patient was told that the analyst was leaving her city, and she would have to continue with another. Her reaction to this was essentially a repetition of the previous reproduction of her father's death ; but this time she reacted with a minimum of feelings of degradation, and instead experienced a fairly typical mourning reaction. There was no denial of the object, little externalized aggression, but instead depression and weeping. After several days, the analytic situation assumed an entirely new aspect ; the analyst for the first time became clearly a mother-substitute, and there was production of far more oral material than had previously appeared. For example, she dreamt of sucking an egg, and associated ' milk-sucking up above is much like coitus down below '. Two days before the conclusion she had, for the first time, a powerful desire to speak the analyst's native language, which she knew. But her attempt to fulfil this desire met complete inhibition. The next day, I suggested this must reproduce her infantile learning to talk ; she replied immediately that she had had very great difficulty in infancy, but did not recall the details. She immediately added that the learning of English with a woman teacher had been very difficult, but the use of English with her employer (a strongly cathected father-substitute) had never been difficult. After these remarks in German, she began to speak English fluently.

We realize this presentation has been too diffuse to leave a clear impression ; so we shall review it very briefly, but this time dynamically and chronologically. A girl, presumably predisposed to autistic character formation, probably has feeding and teething difficulties which reach a climax when she is weaned. The ambivalence conflict at this time is excessive, and she finds the usual solution by cannibalistic introjection of the object unacceptable. Instead she ejects the object symbolically (vomits the mother's breast) and thus establishes a model for her later dominant reactions to people of her environment.

The first love of the mother is relinquished permanently, and diverted to the father. The oral desire for his penis is greatly strengthened by fusion with a powerful scopophilic wish to repeat her observation of it at the age of three. At the stage of clitoris primacy, the thwarting of her incest wish, accentuated by a deficiency of the father's display of tenderness and his preference for her sister, reactivates her ambivalence. Her intense hate must be mastered to escape a terrible retaliation anxiety. The forces of the ego are almost completely mobilized in this function, never with complete success, and there results a lifelong repetitive attempt to bind the aggression, and a corresponding deficiency of all other ego functions. She fails to repress the infantile sexual aims, and to reduce externally directed aggression and narcissistic pain by identifications. Thus she rejects instead of introjecting the objects of her phallic ambivalence, and she previously had ejected the object of her oral ambivalence. She therefore fails to achieve either maturity of super-ego formation, or libido and ego function. During the latent period, she reaches a partial solution of her conflict by complete acceptance of her sister as the homosexual object of her powerful masochism. But adolescence reinforces the heterosexual aims, and she manages to hold a self-sustaining position in the adult world only by discharging tension through onanistic phantasy and primitive efforts at sublimation. The death of her father then hypercathects quantities of aggression she cannot master by the repetition compulsion, while subsequent attempts at incest-gratification with scarcely disguised substitutes dominate more completely her immature ego activities. There ensues a degradation of professional life and self-feeling, another ephemeral and unsuccessful flight to a masochistic homosexuality, and a gradual, fragmentary regression of object-libido to organ-libido, and of phallic ego to a more primitive organization. There is a reactivation of ejection as a solution of oral ambivalence, rejection instead of identification, in order to escape an unbearable increment in retaliation anxiety. She must have eventually continued her steady regression to oral and pre-oral stages of narcissism, had she not made one last attempt to retain her highly evaluated phallic pleasure by seeking in the analysis and the doctor who would 'mishandle' her, as she, as a child, had heard her father did, and reconcile her with a baby, thus reducing the surplus of hate and narcissistic pain.

The successful therapy of such a case would, therefore, presumably take the following course: first, the attainment of insight into the

phallic conflict and its emotional 'working through', renunciation in the transference of the ejection mechanism, and the solution of ambivalent cathexes by identification. Thus she would have the opportunity to renounce infantile objects and build up a more mature ego and super-ego than she previously had done. The present case had already shewn a few abortive efforts to identify herself with her mother and the analyst. The emergence of oral mechanisms, a mourning reaction to my departure, and the lapsing of her language inhibition would appear to indicate that she had indeed partly worked through the phallic problems and begun for the first time to replace ejection by introjection in the solution of her transference hate. I anticipated the further course of the analysis would be a continuation of this process, but unfortunately the patient has not accepted another analyst. A succession of love letters indicate that she remains in the same condition as at the end of the treatment, that though a cure has not been achieved, the regressive processes have been halted, apparently through a diminution in the conflict by complete transference to the analyst of her love and hate for her father.

THE FUNCTION OF THE PRECIPITATING FACTOR IN THE ÆTIOLOGY OF THE NEUROSES: A HISTORICAL NOTE¹

BY

JAMES STRACHEY

The problem which we are to discuss this evening has dogged psycho-analysis from its very birth. It was dealt with by Breuer and Freud in their original contribution on the psychical mechanism of hysterical phenomena nearly forty years ago, and it has cropped up again and again in Freud's writings, either directly or by implication, down to the present time.

I should like to remind you, very shortly, of the main developments of his views in this connection. But I must first explain the sense in which I propose to use the words 'precipitating factors'. In cases in which the onset of a neurosis can be observed to occur at a particular time, two groups of ætiological factors can be separated, which may be described as the 'predisposing causes' and the 'precipitating causes', the latter being the causes determining the fact that the illness breaks out at that particular time rather than at any other. It is obvious that the importance and interest of studying precipitating causes will vary according to the magnitude and nature of the part they play beyond the mere determining of the time of the onset of the illness. Thus, to take a simile, supposing that the trunk of a tree has rotted almost through, so that a very slight pressure will knock the tree down. It will in fact be blown down at some particular moment by some particular gust of wind, and that gust will be the precipitating cause of the tree's falling; but the investigation of the gust would be of very little interest in the study of the diseases of trees. Now the view of the ætiology of hysteria taken by Charcot was precisely of this kind. For he believed that a hereditary predisposing cause was of governing importance in that disease, and consequently paid little attention to the precipitating factors. The Breuer and Freud view was in direct opposition; for according to them the precipitating factor—a psychical trauma—was actually decisive both for the disease and for the form it took. Nevertheless the predisposing causes were still present, the chief among them being the 'hypnoid state', which, as we now know, was Breuer's contribution to the theory.

¹ The opening contribution to a Symposium on the subject at a meeting of the British Psycho-Analytical Society on May 6, 1931.

The next few years (from 1893 to 1896) saw a rapid reduction in the importance of the precipitating cause. The psychical trauma which released the trigger turned out after all only to be a repetition of a series of similar traumas which were traced further and further back into the patients' lives until they reached their infancy. The precipitating cause was no more than an echo of an infantile trauma. But worse was to follow. The crisis arrived which, as Freud has told us, was almost fatal to psycho-analysis. The infantile trauma itself disappeared and nothing remained but a phantasy.

The rebuilding of the structure of psycho-analytic theory which followed the surmounting of this obstacle naturally brought an entirely fresh attitude towards the precipitating factor along with it. The problem had to be restated on the new dynamic lines; and at this period, which may perhaps be called his Middle Period, Freud looks at it predominantly in terms of the libido. A paper written in 1912² deals specifically with this question of precipitating factors, and distinguishes several types of such factors; but all of them boil down to cases of frustration of libidinal trends. If there is a damming-up of libido owing to frustration, and if the predisposing factors (tendency to regression, existence of fixation points, intolerant ego, etc.) are also there, then a neurosis will break out. But this paper brings out certain further points of importance. Thus, it is shewn that the frustration may be caused either by external real events (e.g. in the case of a man who loses his wife), or by internal difficulties (e.g. in the case of a masturbator who tries in vain to start a real object relation). And again, stress is laid upon the importance of the *economic* factor in frustration. No neurotic disturbance will result—whatever the predisposing factors may be—unless a certain *amount* of libido is dammed up. From this standpoint therefore the actual precipitating factor is the exceeding of this amount of dammed-up libido owing to any cause, external or internal.

A later and more elaborate discussion of the subject viewed from more or less the same angle will be found in two chapters of the *Introductory Lectures*.³ It is impossible here even to summarize Freud's brilliant presentation of the problems of the ætiology of hysteria. But it may be worth while to mention the pains he takes to emphasize the interlocking of the various ætiological factors in what he calls

² 'Types of Neurotic Nosogenesis,' *Collected Papers*, Vol. II.

³ Chapters XXII and XXIII.

'complemental series': for instance, how a more or a less of inherited constitution combines with a less or a more of infantile experience to form the predisposing factor in the adult, and how, in turn, the greater the predisposing factor the smaller need be the precipitating factor, and vice versa. He protests against any superfluous disputes on such points: 'Are the neuroses exogenous or endogenous diseases? the inevitable result of a certain type of constitution or the product of certain injurious (traumatic) events in the subject's life? In particular, are they brought about by the fixation of libido and the rest of the sexual constitution, or by the pressure of privation? This dilemma seems to me about as sensible as another I could point to: Is the child created by the father's act of generation or by the conception in the mother? You will properly reply: Both conditions are indispensable'. And so on.⁴

Nevertheless, it must be admitted that on the whole the interest (whether theoretical or clinical) taken in the precipitating factor was not particularly marked. That is, in what we may call the *adult* precipitating factor. For it was meanwhile being found that many cases, perhaps every case, of adult neurosis was preceded not merely by an infantile predisposition, but by a manifest infantile neurosis. In that case, however, there must also have been an infantile precipitating factor. But, so long as infancy could only be reached indirectly through the analysis of adults, uncertainties once more arose. Precipitating factors were there; but their nature was ambiguous. Were they real events? were they phantasies? were they hybrids between the two? It is a discussion of such questions as these which will be familiar to you from the analysis of the Wolf Man.⁵

On the other hand, the examination of precipitating factors from yet another point of view promised interesting results, though

⁴ *Introductory Lectures*, p. 291.

⁵ Incidentally, the actual precipitating factor in the outbreak of the Wolf Man's anxiety hysteria at the age of four is a good example of a case at an extreme end of the complemental series—where the predisposing causes are so powerful that the slightest precipitating factor is enough to pull the trigger. For here the primal scene (whether real or imaginary), as well as the various castration threats, actual or implied, belong, strictly speaking, to the predisposing causes. The precipitating factor was simply the occurrence of Christmas, which (in terms of the libidinal ætiology just formulated) caused an increase of libido and a damming of it up beyond the tolerable point.

paradoxically it at the same time threatened still further to reduce their importance. It was Abraham who shewed the way in which sexual traumas can be successfully induced by neurotics,⁶ and it seemed possible, in the same manner, that the predisposing factors in a neurosis might choose their own precipitating factor. Or, to put it more correctly, only a precipitating factor which fitted in some sense with the predisposing factors would actually function as a precipitating factor. Thus it might be possible from a knowledge of the precipitating cause which acted in a particular case to draw conclusions as to the nature of the personality affected by it.

It is obvious that the more recent developments in the analysis of the ego and especially our clearer understanding of the nature and importance of anxiety since the publication of *Symptom Hemmung und Angst* make essential a further restatement of the ætiological factors concerned with the onset of a neurosis, and indeed, Freud himself has in that work attacked the question. The old situation of frustration and dammed-up libido is now seen to be a special case of the danger-situation, to the approach of which the ego will react with anxiety or in the case of certain mental organizations with a neurosis. I do not think, however, that the translation into the new terminology involves any great change of attitude towards the part played by the precipitating factor.

For instance, the complementary series exists as plainly as ever. In the case of certain personalities the most banal event will be a danger-situation; in the case of others a really violent external trauma will be necessary. And here again we can observe a selective action on the part of the personality; for the danger-situation, whether banal or extraordinary, will only function as such if it threatens to bring about a revival of past situations of anxiety. Finally, there is the question whether precipitating factors are external or internal; which, incidentally, is not to be confused with the question whether the ætiology of the neuroses in general is external or internal. It appears to me that on theoretical grounds a part at least of the precipitating cause must almost invariably be external to the individual concerned. For the predisposing factors alone do not, *ex hypothesi*, constitute a danger-situation, and even if all that is required to bring one about is some slight dynamic or economic change, it is hard to see how such a change could be effected unless by some external event. The only

⁶ *Selected Papers*, Chapter I.

exception would seem to be where internal developmental processes of a physiological nature (as at puberty) may alter the quantities of energy present in the mind. On the other hand, recent views would seem to emphasize the major importance of the *internal* aspect of the precipitating factor, stressing as they do the great influence of endopsychic conflicts upon the contacts of the personality with the outer world and upon its perceptions of reality itself. But no doubt we shall hear more of this from later speakers in this discussion.

A CONTRIBUTION TO THE PSYCHOLOGY OF PERSECUTORY IDEAS AND DELUSIONS ¹

BY
MELITTA SCHMIDEBERG
BERLIN

This paper is based on the analysis of two patients who suffered from ideas and delusions of persecution : one, named Herbert, was a youth of sixteen, and the other, whom I will call X, was twenty-four years of age. Herbert ² came for analysis because he always felt that others were observing him in the street and when he answered in school, and that he appeared ridiculous. Analysis soon shewed that his condition was more serious than it at first appeared to be. His delusions of reference were so severe that they hindered him in every activity : they made his life at boarding-school unbearable, and in the street he had to turn round every few steps to see whether he was being watched from behind. Together with these ideas were also delusions of persecution which he quite believed real and which involved extraordinary anxiety. At the first consultation he believed a camera was hidden in a picture and that he was being watched, although no one was in the room. At other times he thought a snake was coming out of the sofa or from the ceiling ; also that in the cupboard, or behind the wall, or in the sofa, a man was concealed with whom I communicated by tapping, etc.

He described his condition as follows : he felt himself like a murderer watched by detectives, not yet arrested but liable to arrest as soon as he did anything suspicious. Not knowing what action might be objectionable to his persecutors, he found it better to do nothing. He also thought that his father or ' a man ' followed him to the Clinic and listened at the door, etc. When he first came to analysis, Herbert was unfit to attend school and remained at home for six months. In that time he did literally nothing. His chief occupation, one may say almost without exaggeration, was excessive compulsive masturbation, which had continued since his sixth year.

He had no real relationship to anyone. He explained that to his

¹ Based upon a paper read before the British Psycho-Analytical Society, June 3, 1931.

² I have given an account of Herbert's analysis from another point of view in my paper : ' Intellektuelle Hemmung und Aggression,' *Zeitschrift für psychoanalytische Pädagogik*, 1930.

father he was 'polite', and said he 'didn't hurt' his brother, who was five and a half years younger. Although he feared his mother very much, he looked for help from her; and his relations with an older friend were similar. But he himself felt no love for any person. His detachment from reality was very considerable. A few things, indeed, he observed keenly,³ and they were such as had connection with his delusions of persecution. But for all else that took place around him he had neither eyes nor interest. During the first months of his analysis I learned less of his surroundings, interests, and his real circumstances than one would learn from a quite small child.

Before the analysis this very serious condition had attracted little notice, for Herbert had brought dissimulation to a very fine art⁴ and made it his whole endeavour to avoid notice. He impressed one as being unusually open and attractive; not until late in the analysis did I discover how entirely this was simulation and that his life-motto was 'Appear to be crystal-clear but keep everything hidden away in yourself'.

Herbert's parents were both very abnormal, and the marriage was an unhappy one. His mother had always punished him severely, had indeed almost ill-treated him for every offence, however trivial, or for no offence. Even when he was in analysis the mother tried to suppress in the boy every impulse towards activity of any kind. Nevertheless she understood him in a way, and realized that her own attitude had been a mistaken one, although she was unable to change it. The father had never thrashed him, it is true; but also had never talked to him. When as a small child Herbert ran to him, he was sent away with the words 'Don't make me dirty'. Although Herbert knew that his father disapproved of the mother's severity, he found it impossible to turn to him, for he feared his father even more than his mother, without having any real reason for it.

According to the mother's account Herbert gave an impression of abnormality at times even in the second year of his life: he did not play but scattered things about absently and shewed an increasing liking for solitude and darkness. He himself remembered having had a characteristically joyless attitude, without desires, and 'doing

³ E.g. he could tell by my voice if I turned my head, without seeing me.

⁴ E.g. in talking to anyone, he would adapt himself with great cleverness to the views of the other person, but would contradict at the end in one unimportant point, so that the other might not suspect that he was agreeing intentionally.

without ' things, from his earliest childhood or at least from his third year onward. This attitude was connected with his detachment from reality and from objects. In earliest childhood he had feared both his parents and God, and had stopped up the door and window cracks in order not to be seen. When in his sixth year he was in the house of his kindly grandparents he adopted still more complicated measures. He crept into a tub or into the garret, and remained there in spite of heat and hunger, half a day at a time, if not discovered. To be warned of anyone's approach to the garret he used to pile up boxes with a broom on the top, so that they would tumble down when the door was opened. It is interesting to note that he took no such precautions when again with his parents, whom he feared more, but only became quieter and more reserved, attempting thus to avoid notice.

At the time when his brother was born, Herbert, being then five and a half years old, had a completely passive homosexual attitude, without, however, having a good relationship to his father. His love was for a schoolmaster, from whom he withdrew it at the age of seven in consequence of being once treated in an unfair way. At the same time he also renounced his last object-relation—one to a little girl friend—because she once failed to respond to his call for help, although he knew she was too far away to hear him—a proof of the unreality of his object-relation! From that time his fear of ridicule increased steadily: he was very unhappy and at the age of twelve expressed suicidal thoughts, whereupon his parents sent him to a boarding-school. After some initial improvement his condition became increasingly worse; he finally ceased to do anything and the fear of ridicule became unbearable. So, at the age of sixteen, he came to be analysed.

In the analysis it was at first difficult to find any access to Herbert, since his paranoid attitude led him to take great care not to betray himself; shortly before analysis commenced he stopped dreaming because he had heard that dreams play a part in it. When the analysis was in progress quite unusual anxiety conditions appeared, connected with his persecutory ideas. He lay rigid and motionless on the sofa, incapable of speech on account of anxiety. With the greatest difficulty did I obtain some few words in each hour; and even these consisted, not of free associations, but of carefully prepared communications. His behaviour was founded on the mechanism of inhibition: he avoided anxiety so long as he did not speak. I had, therefore, to evaluate his silence as a symptom, and reduce the latent anxiety to

make speaking possible. This was, however, rather difficult, as he did not behave or 'act' in any way and consciously took precautions not to betray himself. I interpreted his attitude in the analysis and brought it into relation with his attitude outside it. I also tried using the material of the previous hour as starting-point; for example, if on the previous day hatred against his father had appeared, I interpreted his silence in the next hour as fear of his father. After some time I succeeded in learning from Herbert himself whether any external happening had increased his anxiety.

His inability to speak was connected with his paranoid attitude, and was extremely richly determined. Only when all determinants had been analysed did he begin to associate in the normal manner. He explained that he could not speak because he was afraid a man was listening (fear of the father, since speech had a sexual significance); or because he feared that he would not be able to do what I wanted or that I would laugh at him. I was not able to set him at ease; and only after I had brought to light his intention to make me ridiculous, embarrass me and put me in difficulties, did he begin to talk. Speech had a magic sadistic significance for him: he equated it with his stools and feared he might 'hurt', or kill, or poison me with his words. The act of speaking signified sexual activity and aggression, as did also asking questions (which originally were concerned with sexual secrets), and this aggressive act was hindered by fear of me and of the man listening. Speech, especially about sexual matters, was equated with exhibitionistic tendencies which he dared not express. But refusal to speak also meant rejection and defiance. The most important determinant, however, was his fear that he might not satisfy me, that I might require something from him—deeper still was the fear that I might take away his thoughts (children, stools) and then he could never become a poet.

For a long time he could not speak and yet suffered from anxiety when he was silent. Silence on my part increased his anxiety, for he was then unable to check my attitude and feared an assault. It meant I was angry, or dead (fulfilment of his homicidal wishes). On the other hand, my speaking also meant an assault. All these circumstances had to be interpreted in order to diminish his intense anxiety, and then toward the end of the hour he was brought to speak a few words which afforded some help in the next hour.

Herbert felt much relieved when, after six weeks, the severity of his anxiety had been reduced, but told me that he now no longer had

any interest in the analysis, that his idleness did not worry him and that his one wish was to be left alone. Now at last the full measure of his narcissism was apparent. Through interpretation of his behaviour as passive resistance and rejection—as on the one hand a disguised expression of aggression and on the other inhibition due to latent anxiety—I was able to uncover the hatred (doubt, criticism, curiosity, etc.) and the fear, and to convert the lacking realization of illness into open resistance, which I could then analyse. In this way a cessation of the compulsive masturbation and persecutory ideas was brought about in five months, and he began to be interested in the world around him again. The analysis occupied two hundred and ten hours, spread over about one year, and has achieved the result that Herbert now learns well and has varied interests, is ambitious, active and independent. He is more open, has social sense and friends, and feels well. This result has held good for a year and a quarter, in spite of really great difficulties due to the divorce of the parents.⁵

The second patient came from the lowest class of small tradespeople. At first he mentioned only vague and unimportant symptoms, which was remarkable in view of the fact that he had been undergoing psycho-therapeutic treatment—chiefly hypnotic—since his sixteenth year, i.e. for the past eight years. Even in the preliminary interview I was struck by his rigid, mask-like facial expression, peculiarly stiff movements and attitude, and also by his inability to bear my looking at him, his evasive answers to questions, and the extreme indefiniteness of his statements. The very first hours of analysis revealed persecutory ideas which did not appear in full intensity until a later period. His systematized persecutory ideas were grouped around the delusion that I was commissioned by his previous physician, Dr. L., to get him into an asylum. He believed, further, that Dr. E., the Director of the Clinic, was also in the conspiracy; this was done in order to get money out of him or to take up a bill on his parents' house (a thing actually impossible). He believed also that he was the victim of vivisection experiments, and alleged that the sofa once smelled of chloroform. If he had to wait for me, even for one minute, or if he saw me speaking to someone, he thought I was arranging his trans-

⁵ In spite of the success attained, it would seem advisable to continue the analysis on prophylactic grounds: the short duration of it was disproportionate to the severity of the case. So I have agreed with the patient to take up the analysis again later; external factors make it impossible to continue at present.

ference to the asylum and giving a sign to the keepers waiting outside, etc. I had a pistol ; in the cupboard, or elsewhere, a man was hidden and we communicated by tapping. He declared that some piano-playing, which could be faintly heard from a flat below the Clinic, was intended to drown the tapping.⁶ He fancied himself watched in a mirror (in connection with which he developed an absurd theory of the reflection of sound-waves by it) and imagined keepers listening to him through microphones concealed in the room. He seemed to believe firmly in the reality of these delusions and admitted this to some extent while seeking to dissimulate part of his belief.⁷ But I learned of most of them very late in the analysis, in fact not before the belief in them had begun to waver, e.g. later in the analysis he said he had believed from the beginning there might be a man in the cupboard, but could not tell me of this fear lest he should anger the man.

He thought that since earliest childhood he had been abnormal and different from other children, and that he had had no emotional relationship with anyone. He recollected sexual behaviour with little girls occurring even in his second or third year. In the latency period he had eaten excrement and had tried unusual sexual manipulations. Since his sixteenth year he had had intercourse with numerous women, as well as homosexual relations, and had practised various perversions.

He was not stupid, but very limited, and lacking in sublimations, interests and ethical feelings in an unusual degree. He had been a bad pupil in the elementary school, and had three times tried in vain to complete a vocational school course, and had failed in spite of being hypnotized with this special end in view. He was unfit for any occupation. Six months before the analysis his father had bought him a small shop, but he did no real work in it and earned correspondingly little. He lived with, and on, his parents, and shewed infantile dependence on them.

Even in the preliminary interview he spoke of his parents with great animosity. He complained constantly and monotonously that he had been neglected ; that in the war his mother had given a loaf of

⁶ Tapping as symbol of parental coitus. Cf. Freud, 'A Case of Paranoia running counter to Theory', *Collected Papers*, Vol. II.

⁷ He habitually expressed his paranoid ideas as if they were fears experienced by his father—that he might be hypnotized, blackmailed, sent to the asylum, etc. For a long time he contended that I could not analyse these fears, as they were not his but his father's. Not until later did he realize that the ideas were his own.

bread to a girl cousin, that his father had given 1 mark for cinemas to a boy cousin and not to him, etc.

He was the only child of very abnormal parents. His father and several members of the family had been in an asylum. The father was a drunkard, who ill-treated wife and son, and steadily approached imbecility. Strangely enough, he was able to make a fortune by illegal speculation in the inflation period. The mother was also very peculiar. She supported the family before the inflation, but was strict and unloving toward the son, and nagged constantly.

The patient's environment may be characterized by a few details. Both parents had numerous sexual relationships. The patient had slept in his parents' bed until his fourteenth year. He had witnessed his uncle trying to assault his mother. He was the victim of various seductions. The lodgers were, in his words, 'the scum of the earth'; a homosexual, a drug addict, a swindler, a prostitute, etc. In the analysis, to date, I could not pick out a single person who was kind to the patient in his childhood nor one with whom he could have identified himself in a favourable way. There was no one to whom he was attached, and he spent his childhood in a hopeless and comfortless state. In his fourth year he had already a quite paranoid attitude: when he was in a convalescent home he thought 'Now I would just like to know what they (i.e. the doctors and sisters) will invent to torment us to-day'.

In the analysis he lay immovably rigid on the sofa, with his hand over his eyes so that I might not watch him. In the first hours he made up a litany out of the preliminary report he had given me, i.e. he associated in a monotone, without thought or emotion, as follows: 'I am thinking of my father, I am thinking of my mother, I am thinking of the shop, I am thinking of my girl friend, etc.'. When he had finished this recital he began it all over again, and would probably have continued this behaviour until I sent him away. All the same I looked for some meaning in this recital, e.g. since the name Dr. L. recurred frequently in it, once after the expression 'being armoured against all feeling',⁸ I told him Dr. L. must have some emotional significance for him. I also tried to analyse his behaviour and shewed him that he wished to make a fool of me by it, and induce me to send him away. I shewed him, moreover, that he feared to speak freely

⁸ He had coined this expression once when I had explained that he attempted to avoid his conflicts by his apathy.

and therefore only repeated things which I already knew and so had already shewn him I permitted. I pointed out also that he wished to shew off his good memory, whereupon he said that his father did so habitually; and in this way we could discover a certain amount of father-identification. By means of such interpretations and of others which I connected with his attitude to parents and former physicians, I induced him to speak more freely.⁹ The next day, however, he had automatically taken up his old attitude again, and had supplemented his litany with my remarks and his own further utterances. This continued throughout four working months; and after I had been able to shew him that he behaved badly at home in order to make his parents turn him out, I told him that from a sense of guilt he was doing all he could to induce me to send him away. He answered that he did not see why he should have any sense of guilt, that he belonged to the 'best type of people', etc. But in the next hour there appeared, for the first time in the whole analysis, a deep sense of guilt and at the same time he changed his narcissistic attitude, became more approachable, and began to associate normally. I had regarded his behaviour, which appeared to be a compromise between automatic obedience and negativism, as equivalent to dumbness, and this assumption was justified when I learned later that an attempt to analyse him when he was sixteen had failed because he had been unable to speak or lie down. The dumbness was now replaced by the mechanical recital, while his immobility and covering his eyes made it possible for him to lie down.

Interruptions excepted, the analysis has now lasted about two years—say, three hundred hours. The delusions about the asylum stopped a year ago, but have returned occasionally as idle thoughts or as obsessional ideas. His rigidity is considerably reduced; he looks at me normally, and shakes hands with me in the usual way (a thing he avoided for a long time), and now has a good friendly attitude to me. In the analysis he acts fairly normally, associates freely, and shews a decided will to recovery and co-operation, which was previously entirely lacking. He is also definitely more sincere, whereas he used to lie to me and concealed important matters for months. Obsessional traits and mechanisms become more and more apparent, and the incapacity

⁹ He did not consciously react to interpretations; later he said he had thought—as when with previous physicians—'only let her go on talking'. Many months were required before he could see the truth of some of the interpretations. Only as and when his anxiety was reduced, was he able to admit that I was right.

for work assumes increasingly the character of a neurotic inhibition. Externally there is not much change: he feels better and a little more fit for work, but his limited personality has not changed, and he is not in a position to solve his problems. Whether such a person, abnormal from earliest childhood, with a hereditary taint, shewing signs of physical degeneration, growing up in the worst conceivable conditions, can become normal through analysis, however long continued, is indeed a question.

The phantasy which constituted the core of his persecutory ideas was that I was to get him into an asylum at the request of his previous physician, Dr. L. This turned out to be the punishment he anticipated for having at the age of seventeen taken his father to an asylum at his mother's request. By immuring his father in the asylum he had committed a modified form of parricide, thus realizing his Œdipus wishes. After taking his father to the asylum he visited a prostitute on his way home. He had also consciously thought of putting both parents into an asylum in order to obtain possession of their fortune, and of blackmailing them with his knowledge of their illegal financial operations. By projection this caused the fear that he (or sometimes his parents) might be blackmailed or confined in an asylum by me, so that I could obtain their money. But this fear could be traced far back into his childhood. The German expression *Anstalt* (asylum, institution) has, in fact, several meanings which were important for him.¹⁰ If X killed his parents he would go, he supposed, to prison (*Strafanstalt*), but being, in his opinion, mentally ill he would then be set free. But then he dreaded being sent to an asylum (*Irrenanstalt*). In childhood he was afraid he might be sent to a reformatory (*Erziehungsanstalt*), if he did not obey his father, just as he now thinks he will go to an asylum if he does not submit himself to the physician. He fears being sent to an asylum when he is mad (i.e. when he has incestuous, homosexual, or perverse impulses), just as in childhood he feared he would be thrown into hell for his wickedness, or be turned out by his mother and go to an orphanage. Another association to *Anstalt* was 'W.C.' This was not explained until later in the analysis, when it appeared that he equated the parents with excrement, calling them the 'scum of the earth' and avoiding touching them lest he

¹⁰ *Irrenanstalt* means 'lunatic asylum'; *Strafanstalt* is 'prison'; '*Erziehungsanstalt*' is 'reformatory'; *Bedürfnisanstalt* is 'public lavatory'; *Waschanstalt* is 'laundry'; *Heilanstalt* is 'convalescent home'.

might defile himself, etc. He wished to turn his parents out and put them into the asylum (*Anstalt*), just as he expelled his stools and got rid of them in the W.C. (*Bedürfnisanstalt*). He now feared the same fate for himself and believed he was in a condition to defile or damage anyone whom he touched. *Anstalt* once brought up in association the idea that he was being treated as a piece of dirty linen (fæces). One sadistic phantasy pictured pushing someone into a sewer, and he recollected his fear in childhood of falling on to the dung-heap. He expressed this by the repeated complaint that he 'couldn't get out of the mess he was in'. In his opinion he would be made ill in an asylum,¹¹ and cases of ill-treatment, chiefly by the police, occurred to him. This appeared to contain the core of his sadistic phantasies and corresponding fears. In the persecution he anticipated that he would experience the same fate as his father, who complained that it was really the doctors who had made him ill and had experimented with operations on him (lumbar puncture). The alleged ill-treatment by physicians, the ill-treatment—partly real, partly imagined—of the father by the mother constituted a fulfilment of the patient's sadistic wishes; and as punishment for these wishes he feared a like destruction through doctors, his mother, or some other woman.

In what follows it is clear that his persecutory ideas were projected sadistic phantasies: for a period of some months he thought that when I kept him waiting I was arranging his transference to the asylum. Then came the idea that I was performing some sexual act while he waited. Still later he fell into a rage when he had to wait, though it was never for more than a few minutes, and suggested I was favouring other patients; but he had no further persecutory ideas. Thus his ideas disappeared as he became conscious of his original aggression, which sprang from jealousy and referred to the primal scene. This was again shewn when, after a year's analysis, I notified him of an approaching interval. He shewed strong affect and wanted to shoot me. He was greatly concerned when he realized that he really wanted to kill me, and said that I now had every reason to send him to an asylum or to keep a pistol for my defence. With that, however, the asylum delusion finally disappeared. His other ideas had a like explanation: e.g. when he saw me speaking to someone, he thought I was arranging for his transference to the asylum, or, later, that we were mocking at

¹¹ Cf. his ideas about the convalescent home (*Heilanstalt*) in his fourth year.

him. But then it came out that he himself wished to mock at the man with whom I had spoken and that this conversation had assumed for him the significance of the primal scene, and thus caused him to react with hate and with anxiety in the projection. Similarly his delusional fear of being hypnotized or influenced was traceable to his desire to hypnotize or influence others.

His delusions were also connected with sadistic-homosexual impulses. He feared he would be led away in the asylum to masturbate, and equated asylums with W.C.'s in which he had had numerous homosexual experiences. Entering the asylum, where his father had been, meant coming to his father. The ill-treatment he feared there was the same as that which he expected to experience if he should meet with a 'sadist' in his homosexual practices.

Herbert shewed the same mechanisms. He feared that he was being watched and ridiculed, that his clothes were not right, etc. This fear represented a hypochondria transferred from his person to his clothes. It was anxiety lest people might see in him signs of masturbation, anal dirtiness, forbidden thoughts, etc., and was also partly conditioned by repressed exhibitionistic desires. It was soon apparent, however, that he hoped to notice in others what he feared they would see in him, and thus find out whether they masturbated, or were homosexual, etc., at bottom whether his parents were copulating. He was also compelled to look at every girl's breasts, and this was a vestigial relic of sadistic phantasies, such as cannibalism, amputation of breasts, cutting open the abdomen, eating entrails, rape, homicide, etc., all directed against girls, which had been partly conscious when he was twelve. Just as the original sadistic phantasies (*against* girls) were now replaced by looking (*at* girls), so did his fear of being looked at include the various fears which related to his sadistic phantasies. Fear of being spied upon was the projection of his desire to spy, which originally had to do with parental coitus; the aggressive gaze with which he had watched the proceedings was a substitute for aggressive acts. Like X, Herbert believed strongly in the magical effect of his glance. As his delusions of reference and of persecution ceased, his masturbatory phantasy changed; homosexual phantasies were replaced by those of coitus or of watching a copulating pair. The thought that he was being watched gave place to the phantasy that he was watching; the idea of persecution was replaced by his own activity.

His fear of appearing ridiculous was the projection of his desire to

ridicule others and especially his pregnant mother. In this case ridicule represented a modification of the original aggressive wish to steal her child from her. As a child, he had masturbated while phantasying that he had invented the practice, and that with sufficiently protracted masturbation his penis would become as large as the room, thus exciting general admiration. Later he feared that everyone would ridicule him for it. Later he phantasied similarly that he would like to have female breasts but feared they would make him laughable. Still later his fear was concentrated on the ridicule likely to be occasioned by his large head. Excessive size of the head represented the large pregnant abdomen and also the giant penis (i.e. the introjected father's penis). Just as his admiration for, and envy of, the pregnant mother gave way to the desire to mock and assault her, so, in his identification with her, he feared he must expect the same assaults.

He not only feared being observed, but also that he might be spoken to and seduced, and imagined that a man would entice him away in order to make a magic medicine out of his testicles. This fear was traceable far back into his childhood, e.g. in the form that he might be carried off to Asia, where the eunuchs are, and there be castrated.

He was also afraid of being thrown into a prison where there were snakes, and where the floor opens and you fall on to swords. This prison represented his mother's body; the swords and snakes stood for his father's penis. There had been corresponding ideas in the transference situation: that in the room (which represented my body), behind the wall, in the cupboard, sofa, etc. a man was hidden (and with this he associated the thought that his brother's skeleton might be hidden there), or that snakes would come out of the ceiling, sofa, etc. The snake or the concealed man represented the father's penis, the father himself, or an unborn brother in the mother's body. This fear shewed itself especially strongly when, his mother's pregnancy being mentioned in the analysis, he revealed his sadistic phantasies against his mother and her unborn child (cf. the skeleton of the brother) in symbolic form, e.g. he would force open a safe supposed to be in the room. As a child he had understood God's omnipresence literally and thought he was concealed in every object. His constant endeavour to hide in the dark, as when in childhood he had crept into a tub, was a flight into the good body of his mother, without a penis in it.¹²

¹² Cf. M. Klein: 'The Importance of Symbol-Formation in the Development of the Ego'; this JOURNAL, Vol. XI., 1930.

M. Klein has shewn¹³ that the fixation-point of paranoia falls in the phase of attack on the mother's body. The analysis of X shews this also. Apparently his paranoic ideas appeared for the first time in his fourth year when his mother's uterus had to be removed and he himself was placed in a convalescent home. His sadistic phantasies against his mother found apparent realization in the operation done by a physician, and he feared being ill-treated by the physicians as a punishment for them. With *Anstalt* he also associated his mother's laundry (*Waschanstalt*). Corresponding to his fear of detention and ill-treatment in an asylum there appeared in the analysis a fear of not being able to escape from my room and of being watched and threatened by a man in the cupboard.¹⁴ This fear was the projection of aggressive wishes against his mother and his father's penis in her, which found expression in the transference situation in the wish to steal or damage something in the waiting-room, or in the thought, which occupied his mind for months, of looking into my handbag and taking something out of it, e.g. a letter from my husband. After some time, instead of fearing the asylum, he began to wish to go to it to be cured or, alternatively, to come to live with me and be cared for. The asylum now represented a good mother. Fear of being turned out by his mother was, in part, punishment for wishing in childhood to leave his mother and seek a better one. The asylum, laundry, my treatment-room, my flat, etc., all represented to him the dangerous body of his mother filled with faeces. Thus the asylum too was for him a W.C.

In the treatment-room microphones were supposed to be hidden so that keepers could overhear him. One of them, for example, must be hidden behind a picture, and the further association to this was that treasure might be hidden there whence he could steal jewels. Further associations shewed that the microphone represented the father's penis in the mother, and that being overheard by microphones was a modified form of the assaults X feared as punishments for his aggression.

A still deeper determinant existed, however. The room, as well as the surroundings, and indeed all reality, represented his own body. He said, for example, that the room looked as empty as if the bailiff had distrained, and then he complained of the emptiness in his body.

¹³ *Ibid.*

¹⁴ He remembers that when he was four or five he was put in the cellar for a punishment and was terribly afraid that a man would attack him in there.

Or again, he thought I might steal books from the cases in the room, following which his next association was that he must go to the dentist. M. Klein points out that a child's first reality is conceived of in terms of phantasy, since it is equated with the mother's body.¹⁵ Now it seems to me that this phase is preceded by another (or at least goes hand in hand with another) : the phase in which reality is equated to the child's own body.¹⁶ In consequence of a continuous process of introjection and projection his own body is identified with objects and they are identified with it. Herbert once formed a phantasy of a 'pyramidal system' according to which, as he is a small part of the globe, so is the latter of the planetary system, which in turn is a part of other imaginary worlds, and so on. By analogy such worlds existed in his body or in other objects. The atoms were related to him as he was to the world-spirit, and when he angered the world-spirit, a dwarf-spirit in his nose-tip might also anger him.¹⁷ It appears that impulses (such as hate, fear, etc.) which refer to the introjected object are often vented on external objects by projection, e.g. a very aggressive boy continually destroyed all objects which were penis symbols. The attacks were really directed against the father's penis in the mother's body (the room) ; but they were also meant to liberate the boy himself from the introjected father's penis, and represented his reaction to homosexual experiences.

With X all the material referring to the microphones came up in the analysis of oral-sadistic wishes against the father's penis. The microphone by which the keeper observed him was the penis which

¹⁵ *The Psycho-Analysis of Children* (appearing shortly).

¹⁶ In my paper, 'The Rôle of Psychotic Mechanisms in Cultural Development' (this JOURNAL, Vol. XI, 1930), I tried to shew that a normal attitude to reality can only be attained, and ego-boundaries established, when the introjected object is separated from the subject. Similarly, it must be of great importance for normal development that the father's penis, which is presumed to be inside the mother, should come to be regarded as an object separated from her, i.e. that a considerable degree of separation between father and mother should be reached. It appears that this separation of external objects from one another can only succeed to the extent to which a distinction has been made between the individual himself and the introjected objects.

¹⁷ These ideas, which he expressed later as a rather humorous phantasy, represented earlier the core of his persecutory ideas : every object might be alive or somebody might be hidden in any object or his own body.

was to be forced into him by his father. Tausk¹⁸ has shewn that the 'influencing apparatus' is a projection of the subject's own genitals. This conception may perhaps be brought into agreement with mine, as follows. In a paper read before the German Psycho-Analytical Society,¹⁹ I tried—on the basis of Freud's view that narcissism is secondary and acquired by the withdrawal of the libido from objects²⁰—to shew that narcissism is auto-erotism modified by love for the introjected objects and that the loved introjected objects are equated with one's own body. Thus the projection of one's own genitals would be equivalent to the projection of the introjected father's penis. According to Freud,²¹ projection depends upon ambivalence; in the auto-erotic stage there is no ambivalent attitude to one's own body. This would presumably first arise through identifying it with the introjected object which is loved ambivalently.

The microphone by means of which both Herbert and X feared they would be heard, represented an objectivization of listening; the mirror by which X feared he would be seen (and the photographic camera in Herbert's case) was an objectivization of watching. In the projection the watching and listening, which originally referred to the primal scene and especially to the father's penis, was feared *from* the father's penis = the various instruments. Being watched, being influenced, or being injured would represent only various modified versions of the aggression.

I found with these patients, as with others, that their attitude to external reality paralleled that toward their inner reality, toward their feelings; and that feelings are equated with stools and with the introjected object.²² X transferred his hypochondriacal fears from his body to his feelings and constantly brooded over them—whether he had any feelings, and if so, of what kind; in what way they injured him and why he could not express them, etc. He wanted to go to an asylum because he would get better if he could once 'spit out his rage'. This 'excretion of rage' in the asylum corresponded to

¹⁸ Tausk, 'Über die Entstehung des "Beeinflussungsapparates" in der Schizophrenie', *Internationale Zeitschrift für Psychoanalyse*, 1919.

¹⁹ 'Zur psychischen Funktion der Sexualbetätigung', November, 1930.

²⁰ *The Ego and the Id*, p. 65.

²¹ Quoted from Tausk, *op. cit.*

²² In this way the projection of their own feelings would involve the projection of the introjected object.

defecation in the W.C. He feared to express his rage because he might dirty or injure me or others (rage = stools). He also compared his rage with a wild horse which he had to bridle (i.e. comparison with the father's penis). M. Klein has suggested that the fear of being destroyed by one's own sadism has great importance;²³ it appears then that the child takes its own sadism, as it takes all surprising and overwhelming feelings,²⁴ to be something foreign and equates them with the feared introjected object.²⁵ One ground for X's fear of being influenced, by someone who might awaken certain feelings in him and thus render him dependent on them, lay in the fact that he equated homosexual influence (the feelings which might be aroused in him) with the penis which the other man thrust into him.

The analyses of both patients shewed that the paranoid idea arises out of an aggressive impulse and forms an exact mirror-image of the sadistic phantasies. At first the aggression was directed against the copulating parents and was concentrated around the primal scene, being aroused by both heterosexual and homosexual wishes, so that the projection of the sadism from both attitudes can produce paranoid delusions. Whereas psycho-analytical theory assumes that paranoia results from repression of homosexual libidinal wishes,²⁶ it appears, as

²³ 'The Importance of Symbol-Formation in the Development of the Ego', this JOURNAL, Vol. XI, 1930.

²⁴ This factor may play a part in the interest in psychology—an interest in 'internal' processes—but it may also be a cause of the great need felt by many people for 'self-mastery'. N. Searl has pointed out ('Danger Situations of the Immature Ego', this JOURNAL, Vol. X, 1929) that the child is more afraid of involuntary transgression than of voluntary. This sometimes takes extremely paradoxical forms, e.g. a little patient of mine refused to play ball, fearing that he might break a window accidentally, but shortly afterwards I could scarcely restrain him from breaking one purposely. The subject's own sadistic impulses are equated with the introjected dangerous penis of the father, but when he identifies himself with them and consciously acts upon them, he knows himself one with the introjected father; when they carry him away and he acts obsessively or involuntarily, against his conscious will, he feels himself in the introjected father's power.

²⁵ 'Good' feelings, e.g. love impulses which are ego-syntonic, are equated with good introjected objects, children, and so on.

²⁶ Freud, 'A Case of Paranoia running counter to the Psycho-Analytical Theory of the Disease', also 'Jealousy, Paranoia and Homosexuality,' *Collected Papers*, Vol. II.; 'A Case of Paranoia, etc.', *Collected Papers*,

Roheim²⁷ and M. Klein²⁸ both believe, that it is derived from the aggressive trends.²⁹ This conclusion is supported by the following: (1) At a time when both my patients already had paranoid delusions they still carried on homosexual practices, and Herbert masturbated with homosexual phantasies. (2) The paranoid ideas also appeared in connections in which any participation of homosexual motives was excluded, e.g. Herbert manifested the strongest paranoid delusions I ever met with in him, after being free from them for a month, when he had struck his mother, following upon a scene with her. (3) By chance it was proved, almost experimentally, that paranoid ideas are caused by the aggressive and not the libidinal component of homosexuality. Almost at the beginning of the analysis Herbert once manifested paranoid ideas which were quite unusually strong. Using the material of the previous hour, in which hatred and fear of his father had appeared, I interpreted his paranoid ideas as the anticipated retribution for his aggressive attitude to his father, with the result that they disappeared for a time. Some weeks later Herbert told me that these paranoid ideas had appeared in consequence of a man's attempt to seduce him, which he had hidden from me at the time. They were released by a homosexual experience but disappeared through analysis of the aggression.

Paranoia or paranoid dementia cannot be sharply differentiated from obsessional neurosis; a paranoia can develop from an obsessional neurosis, obsessional neurotics often shew paranoid traits, and analysis can replace paranoid mechanisms by neurotic mechanisms, etc. With these two patients I found that vague fears, neurotic anxiety, paranoid ideas, paranoid delusions would pass one into another and that the differences were simply due to the varying intensity of the anxiety; any critical appreciation of reality is ruled out when anxiety is very severe, so that delusion results, whereas it still maintains itself alongside

Vol. III. Ferenczi, 'On the Part played by Homosexuality in the Pathogenesis of Paranoia' and 'Some Clinical Observations on Paranoia and Paraphrenia', *Contributions to Psycho-Analysis*, and other papers.

²⁷ 'Das Völkerpsychologische in Freud's *Massenpsychologie und Ichanalyse*', *Internationale Zeitschrift für Psychoanalyse*, 1922.

²⁸ *The Psycho-Analysis of Children*.

²⁹ In his paper 'Paranoia und Magie' (*Internationale Zeitschrift für Psychoanalyse*, 1930) Feigenbaum emphasizes the rôle of sadism and magic in paranoia, but without shewing the mechanisms by which they express themselves.

less severe neurotic anxiety. If this is so, neurotic and paranoid anxiety may have a like origin. I have elsewhere³⁰ reported the case of a girl at the age of puberty who feared to be 'seduced or murdered'. This fear arose as follows: fear of her mother prevented her from maintaining her feminine attitude to a boy, and she took refuge then in a homosexual attitude which created a relationship of rivalry with men. As punishment for this rivalry and the aggression bound up with it she expected to be murdered by men. Since she wished to castrate a man in coitus she feared being herself injured or killed in coitus. The *seduction* (genital instinctual aim) was replaced by *murder* (anal-sadistic aim), but the regression of the instinctual aim was consequent on the regression of her own attitude. It appears that the super-ego defends itself above all against libidinal satisfaction (the realization of incest wishes in substitutive forms) and so tends toward defusion of the instincts. The aggression separated in this way from the libido may then be projected and thus cause anxiety.

In the homosexual attitude similarly, the super-ego probably directs itself principally against libidinal satisfaction. It was thus peculiarly difficult to convince X of the existence of his homosexual wishes, although he had often had homosexual experiences. He said he had had no satisfaction in it and only practised it to hurt and lower himself. Only when he became conscious of his original pleasurable homosexual feelings did the sense of guilt really attaching to them appear. This prohibitive attitude in the super-ego against gratification may strengthen the subject's sadistic tendencies; these tendencies of his own being then projected on to others, he will develop a sadistic conception of homosexuality altogether. The analysis shewed that both X's conscious fear of falling into the hands of a homosexual 'sadist' and Herbert's conscious fear of castration by his partner were both projected sadistic wishes of their own. The formation of the paranoid idea might then arise from a further separation of aggression from (homosexual) libido. Speaking of love and hate in paranoia,³¹ Freud says 'energy is withdrawn from the erotic impulses and used to supplement the hostile energy'. The development of both patients shewed a great similarity: in early childhood they had had a paranoid attitude with manifest paranoid ideas, which retreated to the background during the latency period. In pre-puberty came a surge

³⁰ 'Zur psychischen Funktion der Sexualbetätigung'.

³¹ *The Ego and the Id*, p. 61.

forward of instinctual activity which produced obvious paranoid ideas and delusions as a reaction. When about twelve Herbert had had manifest sadistic phantasies (of rape, amputation of breasts, etc.) which resulted first in suicidal thoughts and then in delusions of persecution and reference, of ever-increasing strength. X's sadistic phantasies shewed themselves principally in the desire to obtain power over others by hypnotizing them. When about twelve he had heard that the miracles of Christ were due to suggestion or hypnosis; and so suggestion and hypnosis were now equivalent to miracles and the hypnotist became the almighty miracle-worker, a substitute for God or for Christ. At that time he gave up his belief in God and sought to take his place by attempts at hypnotism. Somewhat later he wished to be a male prostitute; and in phantasy he would overpower his partner by force or by hypnosis in order to rob him, or else he would blackmail him. He mastered these sadistic impulses by going for hypnotic treatment (thus submitting himself to the father). His last physician, Dr. L., who did not hypnotize him, to whom he therefore could not submit and with whom he was unable to set his anxiety at rest by this actual test, became in his mind the persecutor. Now he feared he would be hypnotized, blackmailed or robbed, thus suffering what he had phantasied himself actively doing.

This line of development may be biologically conditioned. In the latency period, when instinct becomes less insistent, the aggression can be turned into inhibition and passivity. But at puberty the upwelling instincts release a surge of activity which the individual can no longer control with his previous methods, but only by means of projection. Thus the paranoid ideas which manifest themselves at puberty would be the reaction against the instincts which at this phase of development become stronger and less easily controlled. This conclusion is supported by the clinical observation that schizophrenia generally appears at, or soon after, puberty.

M. Klein believes that every individual goes through an early psychotic phase which is later worked over by neurotic or other mechanisms.³² Following up this idea, we could regard psychosis as a miscarriage of the normal or neurotic working-out of this phase. External factors can probably contribute considerably to such a miscarriage.

The analysis of these patients shewed that their anxiety derived

³² *The Psycho-Analysis of Children.*

from instinctual sources and not from the ill-treatment they suffered in childhood ; but that the hardships of reality had strengthened the anxiety and given it shape and, above all, had prevented it from being overcome normally. With a mother who was in reality not much better than the dreaded phantasy-mother, reality offered little refuge against the terrors of phantasy ;³³ and strong fear of the real parents increased the fear of the phantasy-figures, since there was now no way of escape from these. All the deprivations experienced increased the hate on the one hand and the anxiety on the other. But the intensity of both hate and anxiety hindered their being worked over normally, especially as the environment was of such a nature that the aggression dared not express itself even in a sublimated form.³⁴ Moreover, all attempts at reparation were constantly frustrated ; the attitude of the parents justified the complaint which recurred continually in the analyses : ' I can never do anything right '. The objects which would not be reconciled became foes which they feared and therefore needed to get rid of. Thus anxiety and aggression increased in a vicious circle. All these various factors worked together to intensify hate, anxiety and sense of guilt, to deprive the hatred of a normal outlet, to prevent the phantastic anxiety being tested in reality and to hinder the removal of the sense of guilt by making reparation to real objects. The aggression, repressed and dammed up as it was, now overflowed all barriers, so that every action and even the passive attitude assumed a sadistic significance. The ill-treatment confirmed the patients' idea of their own, as well as of their parents', wickedness.

His father's incurable illness had a peculiarly bad effect upon X ;³⁵ he felt it to be the realization of his sadistic phantasies. The

³³ N. Searl, ' The Flight to Reality ', this JOURNAL, Vol. X, 1929.

³⁴ In his paper on ' Paul Morphy ' (this JOURNAL, 1931), Ernest Jones has shewn how a paranoia arose in Morphy through events which constituted a social frustration. This demonstration seems to me of importance to theory, for while in the Schreber case (*Collected Papers*, Vol. III, p. 387) Freud mentions the pathogenic significance of social frustration (which frequently causes paranoic disease) in the disappointment of homosexual libidinal impulses, Ernest Jones sees its dynamic significance in the fact that the aggression can no longer be expressed in an ego-syntonic form, but can now only be mastered by means of projection. My patients had not undergone any such traumatic experience, but the chronic effect of all their childish experiences was in this direction.

³⁵ Herbert was similarly influenced by the fact that his father was passive and inhibited, and that in the home he took a subordinate place

apparent fulfilment of his own sadistic wishes and the obvious impotence of his own restitutive tendencies increased his sense of guilt and his fear of his own sadism. His father's metasymphilitic illness helped to confirm his sadistic view of coitus and thus to increase his fear of women. Numerous sexual experiences in childhood strengthened his sadistic conception of sexuality.

The sadism of both patients led to intense fear of their love-objects and of their rivals, both in the heterosexual and in the homosexual attitude. This fear, increased as it was by ill-treatment and by the lack of libidinal satisfaction, very early caused both the normal and the inverted Œdipus attitudes to break down. Herbert could engage in no activity, neither give nor receive anything, because he feared the displeasure of the other person concerned. He dared shew preference neither for his father nor for his mother, nor dared he be passive or active toward them. For both patients there remained only complete detachment from objects.

Abraham has shewn³⁶ that object-relations and interest in the outer world arise in the oral stage, and that inhibition of these oral aims leads to severe disturbances in object-relation and sublimation. The oral aims of these patients had been renounced on account of the inhibition of the oral-sadistic tendencies, since in them oral wishes were inseparable from aggression.

and gave way to the mother. This meant to Herbert realization of his castration-wishes against his father, but also signified the castration of the father by the mother. He explained to me that his father was obviously superior to his mother, who must therefore have obtained the mastery by some magic means. This magic means turned out to be the dangerous introjected penis of the father. In X's case also, the real father's weakness increased his fear of the phantasied dangerous penis of the father, possession of which was attributed to the mother, thus causing a transference of the fear to her. He phantasied that his mother's first husband—his father was her second—might somehow be responsible for his father's illness, e.g. by having infected her with syphilis. The first husband who, though dead, nevertheless continued to act through the mother making her dangerous, represented the father's penis imagined to be inside the mother.

This observation, that the father's weakness so increases the sense of guilt in regard to him and the fear of his phantasied penis that the boy cannot adopt an actively masculine attitude, agrees with Freud's conclusion in *Eine Kindheitserinnerung des Leonardo da Vinci*.

³⁶ 'A Short Study of the Development of the Libido': *Selected Papers*.

The attitude of lack of all desires which Herbert had shewn from earliest childhood seemed to be caused by his sense of guilt. But behind that was also the fear that the parents would later on ask him for the money they now spent on him, together with interest on it. Once, later, when he was preparing an essay he feared that return of a book lent him by a lady might be requested and that he then could not finish his paper. This anxiety, which contributed much toward inhibition of activity and productivity, was a projection of his oral-sadistic wishes and was due to the fear that his mother might require not only his food, which had become part of his own body, to be returned to her with interest, but also the products of assimilation, e.g. *fæces*, children, etc. By demanding little, i.e. by renouncing his oral wishes, he sought to escape from this anxiety. X would be friendly with no one lest the other might blackmail him or exploit him, e.g. expect to be kept by him. This fear was the projection of oral-sadistic wishes to exploit his mother and be kept by her (eat her), and he avoided his sadism and its consequences only by renunciation of all object-relations.

X was convinced of the badness of all his possessions (the contents of his body, everything he owned, his moral qualities) but was sure that any new acquisitions were still worse. Fear of this 'still worse' was the basis of his inaccessibility to influence; of his fear of taking in anything new, which led to his avoidance of object-relations (he did not want any new feelings to be awakened in him) and of his fear of food and his ideas of being poisoned. He complained persistently that his mother prepared the food carelessly and that it was dirty and disgusting (*fæces*). Herbert refused a present from his father of a bicycle which he had wanted for a long time; his next association to bicycle was a 'walking-stick with a pistol in the handle', followed by his teacher's walking-stick with an iron handle, which, however, one would not see to be dangerous (the father's dangerous penis). After a long period of analysis X decided to help his cousin to get a bicycle, but then feared responsibility should his cousin have an accident. In this way sadistic sexual intercourse became, to their minds, the pattern for all human relations; both giving and receiving gifts was dangerous because gifts were equated with dangerous excrement or penis. In other words, everything was permeated by aggression, and, while at first refusal to give meant aggression, later even giving acquired a sadistic meaning. They could only escape this aggression, which so overwhelmed everything, by renouncing object-relations. In this way

they would protect the object from destruction and themselves from retribution. The withdrawal from reality and renunciation of object-relations in these patients was conditioned by latent paranoid ideas (the retribution feared for their sadism). It seems that schizophrenic symptoms serve to avert anxiety, as do neurotic symptoms, and that the more severe phenomena of schizophrenia are due to the greater intensity of the paranoid anxiety. Herbert said he felt like a murderer constantly watched by detectives and, as he did not know what his pursuers might regard as reprehensible, he thought it better to do nothing. Therefore he had given up all activities except walking and answering, and even in these he was tortured by unbearable anxiety. Without analysis his withdrawal from reality and his lack of objects would probably have increased to a condition of stupor, since he could avoid his paranoid anxiety only by ever-increasing renunciation of activity.

The lacking recognition of reality was due to a turning away from the disappointments experienced, which were at bottom of an oral nature. Even after Herbert had regained a fairly normal attitude to reality, he avoided recognition of unpleasant matters or tried to convince himself that the fault was his (even when the opposite was obviously the case)—all in order to avoid hating. X feared disappointment so keenly that he anxiously avoided everything which might have given him the slightest hope. He sought to disappoint others and so to obtain revenge for his earliest disappointments; and thus disappointment, which meant retribution, acquired a special sadistic significance. Both patients found it difficult to admit that they had been badly treated by their parents, for that would mean recognition of their own enormous and unbearable hatred. Their phantasies of grandeur and omnipotence also helped them to avoid acknowledging reality and their consequent hate and anxiety.

But even the withdrawal from objects in these cases served the aggression. It was revenge for the parents' indifference and at the same time a self-punishment, in that the inner loneliness was felt as an extreme punishment. But the evil these patients brought upon themselves in this way they also wished to bring upon their objects by magic means. When Herbert refused his father's gift he also ensured that his brother had to give up too. As a child he ate unripe fruit, which he thought harmful, to injure the worms in his body (the introjected objects). Since X had no emotion, no grief, he felt superior to human beings and independent of them and, like Nero, in a position

to coerce them. When at the beginning of the analysis I explained to him that he had dealt with his conflicts by his emotional indifference, he said then the analysis would undo that and he would have to suffer again 'like common people'.

The patient's want of interest in people meant that they were dead for him, or, vice versâ, he took no interest in them because they were dead for him. Herbert's reaction at the birth of his brother is characteristic. When he was brought into the room he could not see the baby, and was surprised, when finally shewn it, to see that what he had taken for a pillow was a baby. In this way he had fulfilled his death wishes: he did not see his brother, regarded him as a lifeless object, i.e. dead. By denial of his death-wishes he falsified inner reality, as he falsified external reality by re-creating it to suit his desires. This mechanism, to some extent present in us all, is probably in exaggerated form characteristic of psychosis.

The infantile sexual theories represent, indeed, a falsification of reality by wish-impulses which, however, as such are entirely denied. M. Klein has pointed out³⁷ that the sadistic conception of coitus—that the parents injure one another—is the fulfilment of sadistic wishes that they should do so. R. Mack-Brunswick has emphasized³⁸ that the sexual theory of coitus *a tergo* originates in the anal attitude of the small child. The idea of many patients that the parents are continually copulating may result from their own over-active sexual impulses which, however, do not become conscious as such. The phantasy of multiple penises probably derives from oral-sadistic wishes directed against the penis, with exclusion of the wish to bite but inclusion of the many bitten penises as a fact.³⁹ Also in the idea described by

³⁷ *The Psycho-Analysis of Children.*

³⁸ 'A Note on the Childish Theory of Coitus a Tergo', this JOURNAL, Vol. X, 1929.

³⁹ Cf. my paper 'The Rôle of Psychotic Mechanisms in Cultural Development', this JOURNAL, Vol. XI, 1930. In X's analysis the microphones proved to be bits of the father's penis which had been oral-sadistically incorporated and then displaced into the outer world (cf. p. 344). Herbert had the phantasy of taking things to pieces, such as figures, geometrical patterns or objects, in order to have more of them. So at first he wished to divide up his food, his stools, the penis, in order to have many children, but when anxiety developed, the same objects became his persecutors.

M. Klein of the dangerous qualities of *fæces* and urine,⁴⁰ the patient denies his own aggressive feeling and attributes it to the effects of the excreta. In extreme cases the hate is no longer conscious, but then reality undergoes paranoid falsification in accordance with these sadistic sexual theories. In a similar way a possibility of escape from anxiety lies in the idea that the dangerous occurrence has already taken place. I had a schizophrenic patient who had no castration-anxiety but thought his genitals were too small, i.e. he was already psychically castrated and so escaped the fear of it, just as some lunatics actually castrate themselves with this motive. It appears that patients are more inaccessible, and the structure of their cases the more insusceptible to treatment, the further this process has developed and the more the hoped-for or feared condition seems to have been achieved, the patient meanwhile denying hatred or anxiety-affect. The therapeutic prospect may depend very much on the extent to which one can make the patient's affect conscious and thus correct the falsification of reality.

The apathy toward the environment signified both that the environment was dead for the patient and that he himself was dead, in that he no longer felt. It signified further that he had abolished his emotion—the introjected objects. Herbert said later: 'At that time, when I did nothing, I was dead, you know'. This condition of mental death served as an escape from fear of death, and thoughts of suicide appeared when, after some months of analysis, it changed. In the first hour, after a short preliminary interview, when he lay down at my suggestion upon the sofa, Herbert showed cataleptic rigidity. After some time I asked him if he would not rather sit up. He did so, and some life gradually shewed itself. He then said that he had been unable to speak or move, but had had no anxiety nor other feeling. Two weeks later, however, he realized that he had been afraid to lie down. On a later occasion, when for the first time he had to come to my house instead of to the Clinic, a slighter form of rigidity appeared. It appeared that he dared not move lest he should touch or damage something; but also that he was afraid of all the objects, or rather that he did not know which objects might be dangerous and therefore thought it better to keep perfectly still. Entrance into my house meant for him entering the mother's body and was bound up with the wish (or fear) of doing damage, or (in the projection) of being damaged.

⁴⁰ 'The Importance of Symbol-Formation in the Development of the Ego', this JOURNAL, Vol. XI, 1930.

So he feared everything there, but especially the sofa-cushion (which, for him, symbolized a child),⁴¹ myself, and my husband, whom he both wished and feared to meet. The slighter fear arising from all these sources caused his moderate rigidity, whereas the intense fear in the first hour had occasioned the cataleptic rigidity. It will be remembered that in the analysis Herbert experienced many paranoic fears (of enemies; of the listening man in the sofa, in the cupboard or behind the door; of myself and the apparently live objects in the room; of other dangers in the room, someone under the floor, behind the wall, in the clock, behind the pictures; of snakes which crawl out; of the phantasied prison, as well as fears of the introjected objects and of the dangers involved in the 'pyramidal' system). These fears were stimulated to full intensity in the first hour of analysis and he could only escape anxiety by regarding the death he feared as having already occurred.⁴² This fear of every spot in the room, of every movement as involving possible danger, may be the cause of *flexibilitas cerea*,⁴³ since the patient, placed in a position by another person, finds it safest to keep in it, just like the dead who remain where they are put. Thus the anxiety-affect may be removed in the way characteristic of schizophrenia by psychic realization of the condition feared. Having died (psychically), one need not fear dying.

Ernest Jones⁴⁴ suggests that primal anxiety constitutes a defence against dangers arising from unbearable libidinal tension. Over-excitation ends in exhaustion of the stimulus itself; thus over-excitation of libido would be tantamount to total annihilation of it,

⁴¹ He took the new-born brother for a pillow (cf. p. 354). Although he slept until puberty in his parents' room, he had not noticed their coitus, but explained any noises he heard as being due to the falling of his mother's pillow.

⁴² Landauer describes ('Spontanheilung einer Katatonie', *Internationale Zeitschrift für Psychoanalyse*, 1914) the case of a female patient whose catatonia followed the suicide of her father, continued for some months and ceased spontaneously after the patient had attempted suicide. We may probably assume that the patient understood the father's suicide as fulfilment of her death-wishes and that she could only escape the fear of retribution thereby aroused by identification with the dead father (deadness—catatonia—in order to escape anxiety).

⁴³ I had the impression that symptoms of *flexibilitas cerea* might have been demonstrated in Herbert at the beginning of the analysis but, naturally, I could not test this.

⁴⁴ Ernest Jones, 'Fear, Guilt and Hate', this JOURNAL, Vol. X, 1929.

and all possibility of erotic functioning would be gone. Since libidinal tension is always accompanied by aggression, I should assume that it would end not only in annihilation of libido but also of the aggressive impulses, i.e. in complete paralysis. In accordance with this view, we may regard cataleptic rigidity either as a means of avoiding the anxiety of paralysis and aphanisis, through making them real, or as a regression to the early condition of aphanisis and paralysis in which anxiety was not yet sufficiently formed.

The withdrawal from the outer objects and reality goes hand in hand with the narcissistic regression. I have elsewhere put forward the view that narcissism may be auto-erotism modified by love for the introjected objects;⁴⁵ the narcissistic regression may represent flight to the introjected objects,⁴⁶ since the ambivalence with regard to these is over-compensated. In X's case his unbounded self-conceit was replaced by very intense self-reproaches after some time. Both attitudes represented reproaches against the introjected parents, as well as over-compensated love for them. As his anxiety diminished, his narcissistic attitude weakened, and then for the first time a sense of guilt and hypochondriacal anxiety appeared. As long as the hatred of the introjected object was *narcissistically* over-compensated, no anxiety of the object was felt; when an ambivalent object-relation was adopted, ambivalence became manifest in connection with the introjected objects, and only then did fear of the latter shew itself, in the form of hypochondria and sense of guilt. Herbert wavered between excessive obedience and narcissistic withdrawal. Disregard of the slightest suggestion, from whatever source, seemed unthinkable to him.⁴⁷ He depended upon external objects for defence against internal ones, and thus had to satisfy them at any price. But when fear of the external objects became too great he withdrew narcissistically into himself.⁴⁸ His excessive anxiety prevented transference of his

⁴⁵ 'Zur psychischen Funktion der Sexualbetätigung'.

⁴⁶ As is well known, in falling in love there is extreme abandonment of the narcissistic attitude (Freud, *Group Psychology and the Analysis of the Ego*). This may be due to projection of the parent-imagos (i.e. of the introjected objects), causing temporary disappearance of the secondary narcissism.

⁴⁷ At the beginning of the analysis his behaviour bore the stamp almost of automatic obedience.

⁴⁸ This suggests the desirability of noting the slightest signs of anxiety and negative transference in the case of patients who are unable to express

phantasies on to real objects, for he feared he would destroy them by his sadism, and thus, by way of retribution, be destroyed by them. So he applied his phantasies narcissistically to himself and treated himself (loving and punishing) as he both wished and feared to be treated by his parents.⁴⁹ Typical of this mechanism was the masturbation to which he ascribed both magical and self-destructive effects.⁵⁰ The diminution of his anxiety and aggression enabled him later to transfer his phantasies, first on to me in the transference-situation and then on to real objects, and so to adopt an object-relation. Now he is less narcissistic and at the same time more independent of objects.

This favourable result may be due to several co-operating processes : (1) The severity of the super-ego was diminished by introjection of the analyst as a helpful object. (2) Herbert had a strong belief in helpful objects, although in a fantastic way, and this may be a reason for the rapid therapeutic success. When I assumed the aspect of helping object by effecting the first reduction in his anxiety, he expected further and quite impossible aids from me, comparing me with God, etc. The helping objects had to be almighty to be able to defend him from the omnipotent foes he feared, and if they turned out not to be almighty he turned from them, and from all reality.⁵¹ With progressive diminution of anxiety the objects feared became less dangerous and he could be satisfied with real, even though not omnipotent, helpers. His relation to a friend, who had assumed the rôle of his little girl friend in childhood, now enabled him, even in difficult circumstances, to take up the attitude that 'The whole world may be against me, but I have one upon whom I can lean'. This friend, who

their anxiety and aggression towards real objects. If anxiety and negative transference are not reduced in time by analysis they can only be overcome by withdrawal from reality and by narcissistic regression. Without this, it is in fact possible that analysis might lead to aggravation of incipient schizophrenia, namely, if the anxiety activated by the analysis were not sufficiently analysed at the right moment.

⁴⁹ Radó has shewn ('The Problem of Melancholia', this JOURNAL, Vol. IX, 1928) that self-punishment serves the purpose of winning the love of objects. At a deeper level it may aim at the avoidance of punishment by the objects. Thus Herbert sought to castrate himself by masturbating in order to escape castration by others.

⁵⁰ I have described this more fully in my paper 'Zur psychischen Funktion der Sexualbetätigung'.

⁵¹ Cf. p. 333, his attitude to his girl friend in childhood.

at the time had in reality withdrawn himself from Herbert, later on still played the same helpful part in Herbert's psychic reality. (3) By transferring his phantasies and conflicts to real objects Herbert was able to test his anxiety in reality, to obtain help from real objects, to subdue his feelings of inferiority by proof of actual achievements, to reduce his sense of guilt by making reparation to real people, to obtain actual instinct-satisfaction, and to express his aggression in an ego-syntonic form. All these factors contributed to the reduction and conquering of anxiety in a normal way.

(4) The circumstance that after analysis Herbert felt his aggression to be less harmful⁵² and was able to express it more freely may be due not only to relaxation of the severity of the super-ego (i.e. libidinization of it), but also to a libidinization of the aggression, i.e. a reversal of the process of defusion of instincts. This libidinization of the aggression may be brought about by the fact that on the one hand the analysis allows of a gradual expression, in small doses, as it were, of the death-instinct (aggression and anxiety),⁵³ while on the other the analyst by his understanding provides a subtle, diluted libidinal satisfaction. His interpretations do indeed prove that the analyst has an understanding of the repressed emotions, and this mingling of libido and aggression, both in the smallest quantities, may render a fusion of them (the libidinization of the aggression) possible.

It seems that sufficient libidinization of the aggression prevents the development of anxiety and that the erotization of the anxiety already present makes it more endurable to the ego. Thus aggression directed against the self in the form of masochism liberates no anxiety; in fact, avoidance of anxiety may be a function of masochism. Thus a patient suffering with acute anxiety was able to avoid it when he masturbated with masochistic phantasies which corresponded to some extent with his fears.

While in the more normal cases relatively small amounts of aggression and anxiety can be bound by corresponding amounts of libido into sublimations, and into tender, aim-inhibited attitudes, it

⁵² It was also less resented by those who had dealings with him.

⁵³ In a communication read before the German Psycho-Analytical Society (March, 1931), Dr. Benedek pointed out that the anxiety results from aggression, from the death instinct. With regard to the relation between aggression and anxiety, cf. also the publications of M. Klein, and my paper, 'Intellektuelle Hemmung and Aggression', *Zeitschrift für psychoanalytische Pädagogik*, 1930.

appears that this cannot occur when the death instinct (aggression and anxiety) arises explosively and in too great intensity. It can then be bound only by a correspondingly great quantity of the life instinct, which expresses itself in some grossly sexual activity. It seems possible to work the death instinct into aim-inhibited, sublimated erotic emotions only if it is less intense or is more extensively libidinized, so that the subject need not at once bind it but can endure the tension for a time. Herbert, and especially X, were not emotionally in contact with their environment, but had only gross sexual relations in it. Although they had a very sadistic conception of sexuality, only a partner in some sexual act could constitute a helpful object for them, and then only to a limited extent. Only a fairly long analysis, which reduced anxiety and libidinized the aggression, enabled them to endure tension and, as a result, take up sublimated interests and aim-inhibited relations.

The earlier psycho-analytic view of the individual's activities as being conditioned by the wish for pleasure has in recent years retreated rather into the background, while the view that the patient's behaviour is conditioned dynamically by anxiety has come more into prominence. Both views regard man's activities as ruled by the pleasure-pain principle, but according to the one the individual seeks pleasure, while according to the other he aims at avoiding anxiety, i.e. pain. But there may be a deeper connection ; for if the anxiety can be avoided only by libidinization of the aggression or made more endurable for the ego by erotization of the anxiety, the latter must very considerably stimulate the individual's longing for pleasure and reinforce his primary desire for pleasure. It seems that, on the one hand, anxiety can be allayed only by libidinal gratification ; while, on the other, some kind and degree of anxiety is necessary for the attainment of gratification. This view is supported by the fact that reduction of the anxiety by analysis enables the individual to renounce gratification more easily.

(5) At one time Herbert seemed to wish to realize actively what he had previously feared ; scopophilic phantasies now replaced his fear of being watched, and he wanted to spy on his father like a detective in connection with the divorce, etc., of his parents. E. Weiss⁵⁴ has made the interesting assertion that whereas in melancholia the introjected object, the super-ego, turns against the other introjected

⁵⁴ ' Der Vergiftungswahn im Lichte der Introjektions- und Projektionsvorgänge ', *Internationale Zeitschrift für Psychoanalyse*, 1926.

objects, in paranoia the persecuting introject and in mania the persecuted introject are displaced into the outer world. I was able to observe this transition from paranoid mechanisms to those of melancholia and mania in Herbert.

Whereas, earlier, his sadistic impulses brought about persecutory ideas, at a later time they caused depression or suicidal thoughts. In connection with these he once phantasied, on the strength of something he had read, about an institution in which would-be suicides were assisted by the provision of poisoned fruit, concealed snakes, trap-doors, etc. The description of the institute seemed to correspond closely to his earlier paranoid ideas and particularly to that of the imaginary prison. Through someone helping him to carry out his suicide, his inner persecutor is projected into the outer world and the melancholic mechanism passes into the paranoid.

The transition to the manic mechanism was similarly manifested. Normal activity in Herbert was introduced by a manic outbreak in which he did everything that was forbidden, and it appears that his normal activity was founded on this manic mechanism, but in a milder and less acute form. When behaving sadistically the individual apparently identifies himself with the sadistic super-ego and displaces his forbidden instincts and the persecuted introject on to persons in the outer world which now treats them as cruelly as the sadistic super-ego treats the ego;⁵⁵ but the individual's normal activity may identify itself with a less sadistic super-ego which attacks the moderately libidinated aggressive impulses less cruelly. Thus Herbert now opposed and criticized persons who possessed the bad qualities of his parents and the traits he condemned in himself. On to these persons, therefore, he projected the persecuted introjected objects as well as his own condemned impulses. This behaviour released only as much anxiety as he could control with normal activity, for it was

⁵⁵ I have had the opportunity of analysing strongly sadistic behaviour in two patients. The asocial aggressive behaviour was shewn to result from the original aggression, strengthened by two factors: (1) it was directed against the parents, who were introjected and then projected on to real objects; (2) the patients' own forbidden impulses were projected on to the object, which he then mishandled, e.g. one of the patients, an asocial small boy, struck me, pretending I had stolen, spat, and urinated on the sofa—things which he himself did apparently without any sense of shame.

adapted to reality and Herbert now had real objects which he loved and from which he expected help.

To some extent he could now realize his phantasies of omnipotence, by becoming, for example, a good speaker. Previously he had felt that his words were fraught with tremendous peril for others, thus equating them with his stools and the introjected father's penis, and likening them to bacteria, of which a half-spoonful will kill a million people. The gulf between his phantasies of omnipotence and reality had been unbridged because his fear of the effect of his sadism on the objects, and of the punishment from the objects, was too great. Now that the analysis had reduced his fear, both of inner and outer objects, so that he no longer thought his words so dangerous, nor the displeasure of other persons so terrible, he was able to test the power of his words and successfully oppose external objects by the help of the introjected penis (i.e. his words) and thus realize his magic phantasies in a mild form without the consequences previously feared.

His originally strong pessimistic attitude had been gradually replaced by optimism. This change was presumably due to the reduction of his latent anxiety and a reinforcement of his belief in helping objects. He attained self-confidence and initiative through becoming able—as a result of the lessening of his ambivalence—to regard the introjected objects as predominantly good and to identify himself with them and look to them for help.

In X's analysis, obsessional-neurotic mechanisms appeared in ever-increasing strength; e.g. his emotional indifference had represented a solution of the conflict of ambivalence, whereby the two equally strong opposite impulses apparently neutralized each other. Later these opposing impulses came to expression alternately, thus exhibiting the neurotic ambivalence, obsessional doubt, etc. In the whole of Herbert's analysis, however, no obsessional-neurotic mechanisms appeared; ⁵⁶ he found another way with his difficulties.

I should like briefly to consider from the technical standpoint the analysis of these patients, who presented all the technical difficulties characteristic of schizophrenia, although they would be diagnosed

⁵⁶ The only things which might be included in this category were his obsessional masturbation, and also his tendency to watching people, by which he tried to overcome his paranoid ideas and which, in view of its intensity, might perhaps be described as obsessional. He had never had obsessional symptoms, nor been subject to neurotic brooding, etc., and his whole manner was different from that of an obsessional neurotic.

clinically as light cases of it. Edward Glover has emphasized that narcissistic regression and other schizophrenic phenomena need be no insuperable hindrance to analysis.⁵⁷ *The lack of insight concerning their illness* may be evaluated as a symptom, expressing a defective sense of reality. The patient is not conscious of illness when he takes no cognizance of his conflicts with the outer world—external reality—nor of his own difficulties—inner reality. Awareness of illness must presumably presuppose a certain relation to reality and a belief in good objects, whose help offers a chance of health. From the beginning X had no insight into his illness,⁵⁸ nor, in a narcissistic phase, had Herbert.⁵⁹ By mobilizing the anxiety and aggression hidden behind the apparent indifference, I was able to convert this deficiency of awareness into open resistance and then analyse it. The slight remnant of will to health was so strengthened by analysis of the forces opposing it that active co-operation was achieved. Analysis is naturally materially hindered where the patient's conscious co-operation is lacking or, worse, where conscious opposition is present, as one might almost say it was in X. For him the analysis was a fight in which success meant my victory, which he would try to prevent, and to which he reacted with anxiety and hate. He concealed important things from me for a long time, and I only succeeded in enabling him to be more frank by reducing his anxiety and by regarding his insincerity, which was bound up with his paranoid attitude, as behaviour connected with the transference-situation, and by sometimes uncovering conscious matters in the same way as if they had been unconscious.

The loss of reality goes deeper in the psychotic than in the neurotic,⁶⁰ and this causes such patients to present chiefly unreal phantastic material in the analysis. X had a very superficial relation to reality, and Herbert almost none. Intense anxiety rendered both unable to transfer their phantasies to real objects or to acknowledge the disappointments of reality. As we know, the analysis is only fully

⁵⁷ 'The Psychotherapy of the Psychoses', *British Journal of Medical Psychology*, Vol. X, 1930.

⁵⁸ For a long time it seemed difficult to understand why X came for analysis at all. Much later he said he had been convinced from the first that I could not help him, but had wanted to see what would happen and if he could seduce me.

⁵⁹ Cf. p. 335.

⁶⁰ Freud, 'The Loss of Reality in Neurosis and Psychosis', *Collected Papers*, Vol. II.

effective when the phantasy-material can be connected with real memories and real experiences. But this is only possible when the patient is able to recognize and endure reality.⁶¹ These patients were gradually led to turn to reality by constant exposure of the originally weak and scarcely visible connections of the phantasy to reality, and by the diminution of anxiety through analysis of the phantasy-material and of the transference-situation. Herbert's analytical material consisted at first almost entirely of id and super-ego trends only very slightly disguised; but the analysis brought about a normal attitude to reality and broader ego interests, so that later his unconscious phantasies took a sublimated form corresponding to his age. The fact that symbolism played such a prominent part may be due to weakness of the ego, and its inability to convert symbolic phantasies into sublimations according with reality. Freud has shewn⁶² that repression is relaxed in schizophrenia because the painful affect is displaced from the forbidden ideas to others which are indifferent. The practical consequence is that with such patients analysis must link up the ideas with their appropriate affect. Thus id-impulses, for example, sometimes shew themselves openly without affect. The true affect only appears when these impulses have been linked up with reactions of the super-ego which are often concealed or to all appearances isolated and unrelated.⁶³ Thus after three weeks' analysis X had a dream that his father was dead, and added 'I wish he was', without any reaction of conscience. Not until the second year of analysis, when the love of the father which had been hidden under superficial hatred became conscious, did the wishes for the father's death that then appeared call forth the appropriate reaction. Herbert soon gave open evidence of sexual wishes towards his mother and myself. Two months later, after his homosexuality had been partly

⁶¹ It seems to me superfluous to try to improve a patient's lacking sense of reality before beginning the analysis, as Bally (*Internationale Zeitschrift für Psychoanalyse*, 1930) proposes; for the loss of reality cannot really be made good until the unconscious forces responsible for the loss, and especially the intense anxiety, can be reduced—and this can be done only by the analysis. The apparent relation to reality obtainable in some cases by suggestion cannot be of much value.

⁶² Quoted in Tausk, 'Compensation as a Means of Discounting the Motive of Repression'. This JOURNAL, Vol. V, 1924.

⁶³ Cf. E. F. Sharpe, 'The Technique of Psycho-Analysis'. This JOURNAL, 1930, 1931.

analysed, I had the greatest difficulty in making him see that he still had the same sexual wishes. It appears that there is no affective link between the sexual and aggressive impulses which are openly avowed and the deeply repressed impulses, even when they appear identical in form.⁶⁴ Access to the repressed ideas can, however, only be obtained through the obvious sexual and aggressive feelings. Herbert's analysis reduced his sense of guilt and his fear of his father due to his incestuous impulses so much that his homosexual attitude could become conscious; the incestuous ideas received their full affect only when the negative feeling toward the mother, arising from the homosexual attitude, was reduced.

The extensive inhibition of phantasy results in a scanty supply of material. For a long time X recounted only the most superficial, monotonous and incomplete descriptions of his daily life, and of his asylum-delusion in which all his fears were concentrated. I only very gradually succeeded in learning the details of his fears and in making his sadistic phantasies and his affects conscious. The probability that his analysis will be one of considerable length is in part due to the very extensive repression of phantasy in him, and this can only gradually be removed. In Herbert's case also repression of phantasy had gone farther than would be the case in a neurotic, but the multiplicity of his fears allowed his sadistic ideas to be more easily inferred, and this enabled the inhibition of phantasy to be lifted. Moreover, the acute and intense anxiety offered easier access to the buried affects. The conclusion is that the difficulty in analysing schizophrenics might be less with those who have numerous and nonsensical delusions—here the difficulty would lie in the acute anxiety—than with those who are limited and rigid and have few or no delusions, containing little phantasy.⁶⁵

The deficiency of transference. It seems that we must distinguish more exactly between the transference-situation and the human relation to the analyst. A year was required before X had any relation, positive or negative, to me personally; but the transference-situation was present from the beginning. A persecutory idea referring to me appeared in the second hour—with Herbert in the first one—

⁶⁴ Cf. Ernest Jones, 'Fear, Guilt and Hate'. This JOURNAL, Vol. X, 1929.

⁶⁵ Cf. also E. F. Sharpe, 'The Technique of Psycho-Analysis'. This JOURNAL, 1930, 1931.

and as I learned later that a complicated process of sexual impulses, disappointment, hate and anxiety preceded every appearance of a persecutory idea, all this must have been going on in the first two hours. Transference may appear to be lacking because strong anxiety prevents the maintenance of *any* attitude. It may be possible to reduce the anxiety and thus enable the patient to maintain a position for some little time; but to do this the analyst must follow up the constant flight from one position to the next, interpret the anxiety that appears, and explain the indifference as a reaction to certain conflicts which have to be reconstructed by the help of slight indications. Then the affects, the anxiety and conflicts appear more clearly and there is a visible transference-situation.

The transference-situation necessarily implies that to patients with paranoid ideas the analyst is a persecutor in whom the delusions centre. By analysing the transference-situation from the very beginning, as well as the paranoid ideas of these patients, and by interpreting the persecution as anticipated punishment for their aggression, I was able to avoid any considerable damming-up of anxiety. In retrospect it appears that I acted correctly in analysing the aggressive component before the libidinal: I analysed, e.g. 'beating', 'persecuting', etc., first as hostile actions and only then as regressive substitutes for sexuality. I believe it was only because I had analysed the aggression to some extent, before beginning the analysis of the homosexuality, that the development of more acute persecutory ideas was avoided.

The narcissistic regression. Lack of transference is usually regarded as a consequence of narcissistic regression. This is descriptively correct, but dynamically the latter may cause the former. The patient appears to withdraw from external objects to inner ones when anxiety prevents him from maintaining any libido position, i.e. he undergoes narcissistic regression, as I pointed out before. So that by releasing the latent anxiety it may be possible to re-establish object-relations.

I have endeavoured to shew that the technical difficulties in the analysis of these patients were similar to the difficulties encountered in the analysis of children. Acute and intense anxiety, causing incapacity for verbal association and, I believe, preventing formation of a typical transference-neurosis; the weakness of the ego and its consequent deficiency in relation to reality; absence of awareness of illness; predominance of symbolism—all these are common to both. These difficulties vary, of course, from patient to patient, and the

same phenomenon does not seem the same in an adult as in a child. Other difficulties, such as narcissistic regression and the extensive inhibition of phantasy, are not so pronounced in the child as in the psychotic. Nevertheless, I find enough similarities to justify application of the Klein technique of child-analysis to psychotics and border-line cases. I am not of course suggesting the provision of toys for adult patients; but the application of basic principles, more careful attention to their behaviour and to symbolism, more immediate and more frequent interpretations of anxiety and negative transference, and less of the appeals to the patient's intellect and for his co-operation.⁶⁶

An exceptionally great need of help seems to arise when the schizophrenia becomes clinically manifest, or just before, owing to the intensity of the terror of phantasy, so that refuge in real objects is sought. I should suppose that the therapeutic prospects would be most favourable at this time.

These two analyses lead me to a more optimistic view of the therapeutic prospects in schizophrenia than is generally held to-day, provided that a suitable modification of technique be introduced.⁶⁷

⁶⁶ In the discussion which followed this paper, Mrs. Joan Riviere conjectured that many psychotics may be more rapidly analysed than neurotics, just on account of the weakness of the ego and because the defensive mechanisms are less strongly established, as with children, allowing easier access to the ucs.

⁶⁷ E. Glover also holds a thoroughly optimistic view of the therapy of the psychoses and suggests, that those analysts who wish to devote themselves to the analysis of psychotics should gather experience in the field of child-analysis.

SHORTER COMMUNICATION

AGGRESSION AND FLATUS

A young chemist of twenty, an only child, who is in analysis because of agoraphobia, amuses his colleagues by lighting the expelled flatus in a darkened room of their dormitory. This mode of entertainment usually terminates a competition of 'breaking wind' with the other colleagues, and makes him the centre of attention among them. He, too, estimates this play very highly because he not only succeeds in producing sound and odour effects, as do the other colleagues, but he creates real 'fireworks.' When he displayed this form of amusement for the first time, it resulted in an astounding effect. As the patient himself described it, his colleagues flew all over the dark room, falling over each other, rolling with laughter, while he stood in the centre of the room triumphantly viewing and enjoying the situation.

In addition to the above form of breaking wind, his aggressiveness also finds expression in the 'dirty' language he frequently uses, which is analogous to the swearing of others. He replaces this swearing with words pertaining to sexual and anal matters. Of great importance in this general entertainment is the reading of poems and stories dealing with sexual and anal activities. They call it 'dirty' literature; these stories and poems are usually the original products of the other colleagues. The patient never fails to make a copy of them in his diary.

Analysis revealed him to be of a rebellious, argumentative nature, flaring up at the slightest provocation. Previous to analysis he displayed a calm, polite and amiable disposition. He cherished vivid and strong phantasies of omnipotence, of leading and commanding others; these phantasies derive from an early identification with his father. In flatulence, too, he identified himself with his father because it had always been the father's prerogative to produce flatus.

This brief clinical communication discloses, to my knowledge, a hitherto undescribed mode of grading aggression through flatulence; the flatus serves at the same time a high degree of narcissistic pleasure through this evaluation.

A. S. Lorand.
(New York.)

BOOK REVIEWS

Introduction to Psycho-Analysis for Teachers. By Anna Freud. Translated by Barbara Low. (George Allen & Unwin, Ltd., London, 1931. Pp. 117. Price 3s. 6d. net.)

This book consists of four lectures delivered at the Children's Centres in Vienna. The first three deal with infantile amnesia and the Œdipus complex, with infantile instinct-life and with the latency period respectively. They are quite introductory in scope and give a simple and lucid account of the child's psychological development from birth to puberty. They are excellently adapted to their purpose. Naturally in such a schematic outline only the most important aspects of the subject can be dealt with, and only in a few paragraphs does any controversial issue arise. A generalization (p. 30) to the effect that there is more love and sympathy amongst working-class children than in the middle classes is not documented and seems open to question. Also the view (p. 66) that the existence of sharp reaction-formations in the latency period balances an actual exploitation of the appropriate component impulses during infancy is inadequate.

The fourth lecture on the relation between psycho-analysis and pedagogy affords the reader some opportunity of assessing the general tendency and value of the book. There will be two opinions on this matter. Many will feel that this last chapter breathes the same spirit of tolerance and objectivity as the earlier chapters: others will undoubtedly feel that it is rather tame and uninspiring. A psycho-analytic author writing on applied analysis is certainly under obligation not to raise false hopes; but at the same time there is a point where scientific modesty or reserve may have almost a reactionary effect. For example, Anna Freud states that in many respects psycho-analytical tendencies would oppose existing pedagogic tendency. Certain environmental inhibitions imposed by pedagogues on instinct during latency might, she thinks, have been unnecessary had the child been less restricted in the expression of impulse during the infantile period. That may be true in some respects but no more true than the opposite. Anna Freud herself points out later how in one case gratification of incestuous impulse did not appear to have successful results as regards educability. But in any case the first statement, whilst partly true, is in effect not only misleading but misguided. It is in effect misleading because although the writer herself stresses elsewhere the importance of endopsychic factors in frustration, she neglects to reiterate this vital conclusion in this special context. It is in effect misguided because without qualification the statement is liable to drive enthusiastic amateurs to experiment with uncontrolled environmental factors. Most psycho-analysts have been plagued from time to time by fanatical reformers who can only with

difficulty be restrained from tearing off their clothes before their babies in order to 'improve their ego-development'.

Again on the issue whether teachers should be psycho-analysed, Anna Freud, although admitting the excellent work done by intuitive methods, holds that 'the teacher or educator should have learnt to know and to control his own conflicts before he begins his educational work'. By itself this issue is arguable. But it is impossible to exclude another practical issue, viz.: is there such a thing as analytical pedagogy? On this point the writer is not too definite. She implies that there is such a method, but is equally emphatic that it is entirely embryonic, and cannot be presented as a system. Under these circumstances it would be well to suspend judgement on the first point. If the issue were simply: should ordinary individuals (who happen incidentally to be teachers) be analysed, the answer might well be, 'By all means, analyse them!' If psycho-analysed teachers were to mix up analytic methods with non-analytic pedagogy, there are many who would say, 'For Heaven's sake, don't analyse them!'

Edward Glover.



The Meaning of Sacrifice. By R. Money-Kyrle. (The International Psychoanalytical Library, No. 16, London, 1930. Pp. 273. Price 18s.)

This generously planned and ambitious work is recommended by its clear arrangement, systematic treatment, lucidity and industry. The author's wide reading in psychology, mythology, comparative religion and ethnology arouses our envy; his philosophical training is apparent in the discussion of difficult concepts. His interpretation of many myths is skilful and witnesses to his capacity for psychological empathy and his understanding of the thought and feeling of antiquity. The account and criticism of the theories of sacrifice, not always easy, say, in Frazer, are clear and comprehensive. Isolated remarks, such as that dealing with the connection between the institution of nunneries and the temple prostitution of antiquity, are excellent. Unfortunately such notes are few in number.

I now venture to criticize the work, which the Philosophical Faculty of the University of London has quite properly approved as thesis for the Degree of Doctor of Philosophy. This criticism will refer rather to sins of omission than to those of commission. In my opinion the first requirement in such a work is a main idea, or, if you like, a succession of ideas. In any case I think the work must be preceded by a happy inspiration which is then followed up. The idea may shew itself in new matter or in a new way of looking at known facts. Anyone who reads this work carefully will note with surprise the entire absence of such a leading thought. Money-Kyrle gives an account of the analytical theory of sacrifice, together with some additions of his own, which are common knowledge to the

analyst. He describes, but he originates nothing. What **he** describes is clear and correct, but we wait in vain for something fresh. The result is a very instructive, rather anæmic work, which affords much new knowledge to the anthropologist and the student of comparative religion, but to the psycho-analyst only a comprehensive account of the theory of sacrifice.

The hypotheses which the author erects about the various kinds of sacrifice are largely, as has been said, unavoidable deductions from Freud's theories. Against the rest of the book there is nothing important to be said ; but that is all that can be said for it.

This impression is partly due to the presentation. It is as unattractive as possible. It is, above all, abstract, painfully exact in arrangement, implacably deductive. It represents things as being all in one plane instead of shewing some perspective. The treatment is nearly always systematic, even where the material almost insists on genetic treatment. The first part gives a detailed view of the nature of the Œdipus complex and discusses most abstractly the psychological concepts which are applied in Part II., in the investigation of the meaning of sacrifice. This application, however, necessitates the broad description, in the light of analytical theory, of any newly appearing concepts, and not merely a discussion of them. A typical example—one of hundreds—from Part II. (p. 244) : 'the author examines and describes in detail and *seriatim* all the kinds of sacrifice, and then he investigates the rationalizations and over-determinations contained in the institution of sacrifice : 'It is clear that oral elements play a part in all those forms of sacrifice in which the offering is eaten. Now to reconstruct, as far as possible, the history this part played it will be desirable to acquaint ourselves with the analysts' observations and theories of the origin and development of oral erotism. But first we must say something about the relation of erotism to libido.' Then follow some pages of sexual theory, then again some paragraphs on their application to the institution of sacrifice. This procedure is not only mistaken in the literary sense, it is scientifically unjustifiable : it involves a purely mechanical transference of psychological results on to a different field.

The author's virtues have already been emphasized ; these criticisms do not belittle them. But a pregnant idea is emphatically necessary in a work of this kind. However, one can say, without entering into details, that here we have a scholarly survey by one who, it is to be hoped, will become a research worker.

Theodor Reik.



Intellectual Growth in Young Children. By Susan Isaacs, with an Appendix on Children's 'Why' Questions by Nathan Isaacs. (George Routledge & Sons, London, 1930. Pp. xi + 370. Price 12s. 6d.)

Among the various educational experiments of the recent post-war world, that carried out at the Malting House School at Cambridge has

undoubtedly been one of the most promising, and great regret was felt in many quarters when circumstances necessitated the closing of the school after only a few years of work. These few years were sufficient, however, for the able director of the school to collect a great wealth of valuable psychological and pedagogical material—material which she is now proposing to present to the world in a series of three volumes, of which this book is the first. In conformity with the title and with the general scheme of presentation, the cognitive aspects of the mind are here selected for treatment in relative isolation, while the second and third volumes are to be devoted to 'Social Development in Young Children' and 'Individual Histories' respectively.

As is now well known, the school aimed at attaining the maximum of freedom, with a view particularly to the study of mental development under circumstances that required only the smallest possible measure of interference and restraint. At the same time careful records were kept both of the spontaneous individual and social behaviour of the children and of their reactions to adult influences. These records were written down by the educational staff in note-books constantly carried about, and in moments snatched from active participation in the doings of the children, though towards the end of the experiment it was found possible to take down strictly verbatim stenographic records by assistants not actually engaged in teaching—a procedure which, though of course more cumbersome and expensive, is undoubtedly preferable from the theoretical point of view (since, as the author points out, the observer is then in a sense outside the child's immediate world and less likely herself to influence it).

Mrs. Isaacs is, however, careful to draw attention to the fact that even the principle of minimal interference adopted by the school does not assure that the children will behave in a way that is unaffected by adult standards. As long as an adult enters into any active relation whatsoever with the children, he is endowed with 'a prestige which he cannot escape'. Even when he does not interfere, he cannot be for the child a mere neutral observer, for the simple reason that he is 'a passive parent'. 'And if the parent is passive, one of two things happens; either the child believes that the grown-up endorses what he is doing, or he suffers internally from the tension of guilt which fails to find relief in his being told what he must *not* do, a tension which issues sooner or later in actions aimed at provoking anger and punishment'—a state of things which of course finds its parallel in the relation between analyst and patient. In this respect the situation of the child observer inevitably differs to some extent from that of the field anthropologist, who, engaged as he is in the study of adult social life with a whole culture behind it, may, with skill and luck, really succeed in making himself 'a nominal stimulus to those who are behaving before him'.

How important these considerations are from the point of view of child psychology is shewn by some apt quotations from the work of Stern, which demonstrates in particular the moral influence of the parents and the tendency of the child to anticipate parental disapproval by the substitutive process of self-punishment.

The principle of minimal interference was of course limited by a number of practical considerations, chief of which was the need for guarding against actual physical danger or violence. Nevertheless, it produced some very striking changes in behaviour. The children displayed a generally greater activity and initiative (an activity that was aided by the provision of special apparatus and other objects of interest). As regards more specific manifestations, there were observed : (a) a greater dramatic vividness of social, imaginative and intellectual life ; (b) ' a certain degree of release of specific impulses which in the ordinary way are liable to be checked or transformed at their source—such as some intellectual impulses and certain aspects of infantile sexuality ' ; (c) a much greater freedom of verbal expression. ' Practical considerations set a definite limit to what the children could be allowed to do ', but these considerations did not apply to what they were allowed to express in words. Here again there is a parallel with the process of analysis.

In so far as there was anything in the nature of a dominant educational interest in the general running of the school, this interest would seem to have been the study and fostering of the early development of the scientific attitude in young children. The author considers that the more advanced educational movements of recent times have, on the whole, laid an exaggerated emphasis on expression to the neglect of the tendency to ' find out '—a neglect which, it is true, is to some extent accounted for by the greater practical difficulties in arranging for the satisfaction of the child's natural tendencies to gratify his curiosity. The arrangements made at the Malting House School to meet this need are of special interest to practical educators, but cannot be described in detail here. It must suffice to say that ample opportunities were provided for investigation in the fields of physics, mechanics, biology and physiology, and that these opportunities were not confined to the rooms and gardens of the school itself, but were extended to the great outside world, whenever occasion permitted or invited. Nor were the practical aspects of life neglected, as was shewn in the children's participation in the work of household management and the preparation of meals.

In several respects Mrs. Isaacs holds unorthodox views as regards the order and details of scientific instruction. Thus she believes that biological teaching should begin with the animal rather than the vegetable world and points out that the very common recommendation to the contrary is due rather to the prejudices of adult educators (particularly where the reproduc-

tive and assimilative processes are concerned) than to an unbiassed observation of the spontaneous interests of young children. She maintains, too, that we have been misled by the recapitulation theory into supposing that the developing child should first be taught the more ancient achievements of the race, and that 'because a thing came early in human cultural development it must be easier and more interesting to the twentieth-century boy than the motors and tractors and electric road drills and aeroplanes and dynamos of his own world'. She believes rather that historical teaching should often work backwards, since it is the things about him which, in reality, first 'evoke the child's wonder and attention and provoke his questions, and from such more immediate and perceptual interests he passes to questions concerning the earlier and original form of such things, thus preparing the ground for concrete historical studies of human arts and appliances and social life'.

The methods and results of the Malting House School naturally challenge comparison with those which Piaget has recently described in a series of volumes which have aroused great interest in educational circles throughout the world; and indeed Mrs. Isaacs herself is frequently concerned with such comparison. While she fully admits the value of Piaget's studies, she considers that her own data fail to corroborate a good many of his findings. In particular, she is unable to agree with Piaget's stratigraphical theories and broad generalizations concerning certain stages of development. Piaget's stages may have their value as indications of general tendencies at certain ages, but they must be taken as such and not as statements concerning the way in which the mind of a child at a given age invariably works: Mrs. Isaacs' own observations shew pretty clearly that with children, as with grown ups, it is possible to find instances of strikingly different levels of thought and phantasy occurring within a short period in the same individual. Thus we may get perfect reality adaptation manifesting itself in a complicated series of causal connections, immediately preceded or followed by thoughts of a pronouncedly ego-centric or magical type. To quote a striking case of such a juxtaposition: A boy of five years nine months, after having given a complete account of the mechanism of transmission in a bicycle, on the same day 'bagged' a towel for subsequent use by holding on to it and saying 'Save, save, save'; and when cautioned not to hang on to the towel rail lest he should break it, said, 'All right, we won't, but we want to *save* it for a bit longer', repeating the gesture and the word, as if these somehow made them more inherently his own'; while on another occasion he spat at a kettle which was emitting a jet of steam, and when requested not to, replied: 'But I want to stop that coming out'. Similarly, as regards the development of language, where Piaget has stressed the ego-centric (monolinguistic) character of the earlier stages, collective monologue undoubtedly exists, but is mixed from

the beginning with the use of language for social purposes. With Piaget the social factor is the most important key to intellectual growth. While admitting the importance of this factor, Mrs. Isaacs complains that Piaget employs it somewhat as a *deus ex machina* for the purpose of his explanations; she herself believes moreover that the physical world is as important a source of intellectual stimulation as is the influence of fellow human beings. 'The disappointments and sense of impotence which *things* force upon him are as much a part of (the child's) education as the denials and thwartings suffered at the hands of adults.'

In estimating the difference between Mrs. Isaacs' results and those of Piaget, it is of course necessary to bear in mind the differences in the conditions of observation and experiment in the two cases (Piaget's procedure was one in which the children's thoughts were less immediately linked up to important practical activities) and also the fact that the Malting House School pupils were of greater general intelligence than were Piaget's subjects. Nevertheless, Mrs. Isaacs seems to have made out a good case against a too literal and uncritical acceptance of Piaget's theoretical interpretations. This does not mean that these interpretations are devoid of value; they may well prove to be convenient means of indicating certain general developmental tendencies or stages, but (like the developmental stages in psycho-analytic theory) they indicate quantitative predominances rather than rigid qualitative distinctions, and are incapable of being fitted into any strict chronological scheme.

Of great interest to general psychology are the author's remarks on the relation between thought and phantasy. 'When children are left quite free to occupy themselves as they wish, three main types of spontaneous activity seem to hold the field': (a) joy in movement and the perfecting of bodily skills of all sorts; (b) make-believe play; (c) the direct concern with physical things for their own sake. 'These different sorts of activity pass readily into one another. Make-believe may at any moment slip over into genuine inquiry, and it offers many occasions for the furtherance of skill. On the other hand, the pursuit of facts or the attempt to gain a new bodily skill may at any time give place to phantasy and dramatic representation.' There is thus a constant fluctuation between the reality principle and the pleasure principle. Mrs. Isaacs believes, however, that 'the more intelligent children are those who show the more lively concern with things and events in the physical world and those whose interest flows on to the more subtle and more fully integrated modes of handling experience'. Nevertheless, imaginative play can help development on the reality level: (a) circumstantially, by creating practical situations which may often then be pursued for their own sake; (b) conatively, by 'lessening the pressure of conflict and diminishing guilt and anxiety; such a lessening of tension through dramatic representation making it easier for the

child to control his real behaviour and to accept the limitations of the real world' (incidentally, it is shewn in this connection how greatly a temporary conflict may diminish a child's ability to take interest in his environment); (c) cognitively, by providing 'the first steps towards that emancipation of meaning from the here and now of a concrete situation, which makes possible hypotheses and the "as if" situation'.

Any review of ordinary length must inevitably fail to do justice to the great wealth of original material which this book contains. So great is this wealth that no serious investigator of young children can afford to neglect it. In addition to the numerous examples dealing with special points, two long chapters are entirely devoted to records. The first of these deals with biological interests and is an expansion of articles that have already appeared in the *Forum of Education*. The second deals chronologically with the events of 'Four Sample Weeks'—a record which is not only of great interest in itself, but which will prove invaluable to those who are contemplating similar educational experiments.

The book contains three appendices, including an elaborate essay on 'Children's "Why" Questions,' by Nathan Isaacs. This latter is itself a solid piece of work, which will repay close study and will have to be taken account of in any future treatments of this subject, so fascinating in its problems and so irritating to the ordinary adult in many of its manifestations. Mr. Isaacs is anxious to emphasise the genuine 'epistemic concern' underlying many of these questions, and gives a sound formulation of the cognitive conditions which give rise to this concern. To the psychoanalyst, however, this essay is a little disappointing, since it deals primarily with cognition and pays relatively little attention to the orectic elements at work. In particular, he hardly touches the great problem of how far the actual questions asked by children are unconscious substitutes for repressed or tabooed subjects of interest—a process of unsuccessfully attempted sublimation, which would account for the fact that many children seem scarcely interested in the actual answers they receive, but pass on immediately to other questions in seemingly endless succession. We are inclined to think, too, that, to use his own expressive term, the element of 'explosive protest' may be of wider significance than Mr. Isaacs imagines; an element of hostility (revenge) can scarcely be absent in many youthful questioners, who surely cannot fail to notice the growing exasperation of the adult victims of the persistent childish inquisitor.

It has unfortunately to be admitted that Mr. Isaacs' contribution makes rather heavy reading. Indeed the whole book is not without its demands upon the reader's powers of voluntary attention. It is a little disappointing that the author of a justly popular '*Introduction to Psychology*' that has gone into several editions was not able to find a more compelling and attractive form of exposition for the present work. Though

the observations recorded are, so many of them, personal ones, there is a somewhat striking lack of what James might have called 'warmth and intimacy' in their presentation. It is as though the need for sternly curbing all interference with the children's affairs, which must have made itself felt during the actual educational experiment, had persisted into the writing. It is of course true that, in scientific matters, it is often well to let the facts speak for themselves, but in order that they may do so (and that the reader may attend to their speaking) a little sympathetic eloquence on the part of the writer who introduces them is sometimes an essential prerequisite. In this matter we feel that Mrs. Isaacs might with advantage have allowed herself a somewhat greater licence. An increased freedom in exposition would undoubtedly add to the value and influence of the two remaining volumes of the trilogy—volumes whose appearance will in any case be eagerly awaited, alike by educationists, child psychologists and psycho-analysts.

J. C. F.

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Brain and Personality. By Paul Schilder, M.D., Ph.D. (Nervous and Mental Disease Publishing Company, New York and Washington, 1931. Pp. 136, N. and M.D. Monograph Series, No. 53.)

The title of this book is a concise summary of its content and aim. It is an up-to-date contribution to the solution of the Body-Mind problem in the form of essays in correlation between the findings of brain physiology and of psycho-analysis. It consists of two series of lectures united by a common aim described by the author in the words of William White as the filling of the 'gap between the organic and the functional'. The first series, 'Studies in the Psychological Aspects of Cerebral Neuropathology', delivered to the Psychoanalytic Association in Washington, covers a wide field and includes problems of Consciousness, Tonus, Encephalitis, Optic Agnosia, Speech Disturbances and the Postural Model of the Body. The second series, 'The Relation between the Personality and Motility of Schizophrenics', given to the Phipps Psychiatric Clinic of the Johns Hopkins Hospital, is a systematic exposition or alternative description of the psychic disorders of Schizophrenia as disorders of motility.

The book runs only to 136 pages, but these are packed with detailed work of a type difficult to summarize at all adequately or fairly. The present reviewer is not competent to pronounce on the neurological aspects, but the data adduced seem to be in accord with modern views on these subjects, e.g. the author's statement that brain activity is always an activity of the whole system, and that when a special function is going on there are only special points in special activity 'a special figure of irritation or function'. The author displays in the main a sound knowledge of analytical theory, tempered by a certain naïveté which comes out in his

accounts of illustrative cases. His fundamental attitude is brought out in the discussion on Sleep in the first chapter. Of sleep he says, 'There is no doubt that we have on the one hand a well-defined psychological function, on the other hand brain mechanisms which are in relation to this psychological function.' The interdependence between these two is close. In neurosis we have a disturbance of the sleep wish which affects the sleep centres, whereas in organic disturbances such as encephalitis we have changes in the centre which render them incapable of their usual response to a normal unchanged sleep wish. This does not exclude the possibility that a neurosis may choose sleep symptoms on account of a predisposing weakness in the sleep centres. The point emphasized is that symptoms may have either psychological, physiological (including pharmacological) or combined causation and that they will be very much alike whatever their cause. This similarity comes out in some of the examples from encephalitic and tumour cases. The organic symptom is distinguished from the psychogenic primarily by the absence of motive and by the fact that it often has a wider range. For instance a neurotic slip of the tongue concerns a word which is found to be of high significance to the individual, but aphasic slips occur with all sorts of indifferent words. The author is concerned to make more precise our knowledge of the centres concerned with the various psychic functions and their interrelationships, and it is here that so much detail is involved.

The book deserves careful reading, but it must be admitted that it adds little or nothing to psycho-analytical knowledge as such. It is this last realization which gives one pause. Biologically minded analysts from Freud onwards wish to see psychology recognized as a natural science if not as an integral part of biology, and no one who has even a nodding acquaintance with conversion hysteria or with the corporeal reverberations of anxiety states has any doubt of the interdependence of psychic and somatic events. Yet a sincere attempt at correlation such as is represented by this book seems to have relatively little value for analysis. Two reasons suggest themselves. One is that cerebral physiology still lags too far behind analysis, and the other is that there is a fallacy in our thinking about this problem of interdependence. Such a statement as the one previously quoted, 'on the one hand a well-defined psychological function, on the other hand brain mechanisms', may contain such a fallacy, namely, that of considering two conceptions of one situation as two situations; as if, to put it very crudely, one were to say that a human being considered by a friend as a person and by a biologist as an organism had become two people, and it was necessary to consider the relation of the person to the organism. Many Body-Mind riddles may be just such artefacts based on failure to distinguish between concepts inferred from evidence derived from divergent angles of approach to the same subject matter and sustained

by various motives of flight to or from reality, that is, by a subjective drive to dualism. In any case, psychological functions and brain mechanisms are concepts derived from disparate fields of experience, and much confusion would be avoided if this difference of origin were not so often forgotten.

Marjorie Brierley.



Health and Education in the Nursery. By Victoria E. M. Bennett, M.B., B.S. (London), D.P.H. (Cambridge), and Susan Isaacs, M.A. (London : George Routledge & Sons, 1931, Pp. 308. Price 6s. net.)

This book grew out of two similar ones, on the physical and mental care of childhood respectively, which the authors had written for the same series. It was a happy idea to unite them in one volume and to expand them to more than double the original size. The first half, the part on physical upbringing by Miss Bennett, is throughout trustworthy, but its details do not concern us here. The second part shews the care, knowledge, and comprehensiveness which we should expect from Mrs. Isaacs. It is an excellently written account of early childhood from a modern point of view, and the psycho-analytical considerations are introduced with great skill and a sense of feeling for the reader's capacity to understand. We have so many times been asked, by patients and others, for a book dealing adequately with the care and understanding of young children that it is a pleasure at last to have in one's hand just the book needed for this purpose.

E. J.



Medical Psychology—The Medical Factor in Disease. By William A. White. (Nervous and Mental Disease Publishing Company, 1931. Pp. 141. Price \$3.)

The sub-title and preface of this book give promise of some account of cases illustrating the mental factor in disease where it is unsuspected by the average general practitioner. In this, however, we are disappointed, for we are treated to a purely academic and rather vague dissertation on certain aspects of medical psychology in general.

The author has been greatly impressed by some theses by Child and Coghill, who insist that the organism and its behaviour are each to be regarded as an integrated whole, and not as a mere aggregation of constituent parts. We have not seen the original papers, but the notion as here presented does not strike us as arresting in originality ; yet the first five chapters are largely based on this thought.

The words ' conflict ' and ' ambivalence ' are used in a new sense, more or less synonymous with *action* and *reaction* in physics and similar opposites in biology and physiology.

The latter half of the book (Chapters VII. to XII.) is an exposition of psycho-analytical principles along somewhat popular lines. Incidentally,

on p. 95 is a diagram of the ego, super-ego and id, in which the id is represented as a very tiny affair—about one-twentieth of the ego. But the most amazing feature of this part of the book is that Freud's name is never mentioned—or any other psycho-analyst for that matter, not even an American one. It would almost appear as if Dr. White wished to convey the impression that it was he who discovered all this. Indeed, on p. 114, occurs the footnote, 'For a discussion of the Unconscious see my *Mechanism of Character Formation*'. Of course, Dr. White is too great a man for such an implication to be intentional, but we draw his attention to the point so that he may amend it in his second edition.

W. H. B. Stoddart.



The Philosophy of the Unconscious. By Eduard von Hartmann. Translated by William Chatterton Coupland. With a Preface by C. K. Ogden. (The International Library of Psychology, Philosophy and Scientific Method, Kegan Paul, 1931. Pp. 1108. Price 15s. net.)

This is a new edition of a book well known in the history of philosophy. The author wrote it at the age of twenty-six under the inspiration of a good idea that had occurred to him, the story of which, however, forms one of the most pathetic failures in the history of science. The idea was that there might be unconscious forces at work moulding man's behaviour and destiny. The book itself had a considerable vogue in the third quarter of the last century, whether because of an intuitive response to the title or from the revival at that time of interest in German philosophy, it is now hard to say. Actually, the idea inspired no one to further work and proved quite infertile. One cannot say it fell flat, since its fate was more interesting than that. The truth was that the author of the idea unfortunately did not allow it to be accompanied by a necessary companion idea, namely, actually to investigate the unconscious itself; or else, perhaps, it was that he could not devise any means of doing so. At all events, his interest in it as a part of reality was rapidly exchanged for the possibility of the idea being made the basis of a highly speculative structure, a philosophy of the universe. His first book, the one before us, large as it is, is almost entirely devoted to this superstructure, which he then further elaborated in thirty succeeding ponderous tomes.

The book first appeared in 1868, and the present translation was made from the German edition of 1884. We imagine that at the present time there must be few whose antiquarian interests are potent enough to enable them to read through the whole of this volume, and one cannot help wondering why in these circumstances the volume has been incorporated into the International Library of 'Psychology, Philosophy and Scientific Method,' edited by C. K. Ogden. Possibly the reason may be discerned in the following passage from the Editorial Preface: 'The doctrine of the

Unconscious thus first came into prominence, like the doctrine of Evolution, in the latter half of the nineteenth century. Hartmann's first edition appeared ten years after Darwin's *Origin of Species*, and subsequent controversy in both fields has been related primarily to these works rather than to the suggestions and speculations of their predecessors. . . . But if to Darwin must go the credit of first focussing the attention of the world on an Idea, even were science to retain nothing of his specific contribution, an analogous historical position may be claimed for Eduard von Hartmann (pp. xii, xiii).

E. J.

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Mental Aspects of Stammering By C. S. Bluemel., M.A, M.D., L.R.C.P. (Lond.), M.R.C.S. (Eng.). (London, Baillière, Tindall, & Cox. Pp. x + 152. Price 11s. 6d net.)

E pur si muove. The author, clinical instructor in neurology at the University of Colorado, has gone so far as to accept the mental genesis of stammering; he agrees that it is not due to any disturbance in the physical mechanism. There is no indication that he has moved further; he does not seem to have heard of unconscious mental processes; Coriat's work on stammering, for instance, is not mentioned. The treatment advocated is mental drill of the usual kind with varieties in technique, apparatus, and so on, that every special trainer finds it necessary to introduce.

The method is especially adapted for class instruction. The author claims, like all other special trainers, that the methods are effectual with children but admits that they are not infallible. The book is written for school use and the methods will no doubt be tried by teachers when other methods are wearing thin.

M. D. Eder.

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Scientific Inference. By Harold Jeffreys, M.A., D.Sc., F.R.S. (London, Cambridge University Press, 1931. Pp. 247. Price 10s. 6d. net.)

The author of this book is one of the leading authorities in the fields of mathematics and physical science, being in certain spheres—e.g. geophysics—the foremost living authority. His range of first-hand and first-class knowledge is truly remarkable, and extends beyond these fields into those of the natural sciences, particularly botany. In this book he presents a powerful analysis of the nature of scientific thought and method. It is interestingly written, and is here and there enlivened by a Puckish humour, but, being mainly addressed to physicists and therefore developed in the language of mathematics, it is hard to summarize. Essentially, the argument is a plea for the validity of passing beyond the Pearsonian standpoint of phenomenalism to that of conceptual inference. We will, however, cull

from it an interesting passage concerned with the special matter of this journal :—

‘ It is therefore a legitimate procedure to study mental behaviour when conscious criticism is, as far as possible, eliminated. The absence of criticism is best realized in dreams and in the psychoanalytic situation, where the patient, as a regular matter of technique, says everything that comes into his mind without criticism. The results are not chaotic ; they are found to arrange themselves according to perfectly definite rules of resemblance, which are scientific laws. They differ from the rules of conscious criticism, the function of which is to observe and study them ; and they are found to be closely related to the forgotten experiences of childhood and the pitiless logic, based on incomplete data, of the *enfant terrible* and the child at still earlier ages. The result is the discovery of a whole region of mental activity, with laws of its own, and demanding new concepts to express them. Freud’s Unconscious is the general name for this region ; for details of its structure reference must be made to the special literature of the subject.¹

‘ The results of psychoanalysis have been criticized on various grounds, which seem to me to merit discussion here because they involve points of principle applicable to any science. One line of attack is simply to deny the facts as discovered, or the truth of the relations found between them. This is merely a matter of refusal to investigate, and does not impress the analyst who is dealing with the material every day, or the patient who has been cured of various mental disorders, ranging from minor anxieties to phobias or disabling neuroses, by being enabled to understand his own mental processes better.

‘ A more subtle attack is to say that psychological processes are really the expressions of physiological ones, and that the solution of the problems investigated must come ultimately from physiology. This may be true. But to use it as a basis of procedure is not legitimate, because it assumes from the start that there are no ultimate mental concepts, or, what is the same thing, it takes for granted that there *are* relations that completely determine the phenomena of conscious mental activity in terms of those of physiology before we know what they are. Instead of inferring the laws from the data, the invariable scientific procedure, it begins with unstated laws and treats the data as a ground for optimism about the future. The situation is the same as if an engineer in process of designing a bridge was told that he should not attend to experimental evidence about the strength of his materials because all phenomena of elastic fatigue, like other elastic phenomena, may some day be explained in terms of modern atomic and quantum theory. It may be so ; but he wants to get the bridge built.

¹ See especially Freud, *The Ego and the Id*.

' It has also been said that the phenomena are not quantitative and therefore not scientific. This consideration would obviously invalidate the greater part of biology ; but it would also apparently invalidate the notion of the physical object itself. Quantitative study always rests on a basis of facts recognized qualitatively, and the fact that we cannot as yet measure emotions quantitatively and predict their measures is no ground for saying that emotions do not exist when we know perfectly well that they do, or that they obey no scientific laws when considerable knowledge of those laws has in fact been attained.

' A further consideration is that even if such a hypothesis is correct we should still be under an obligation to investigate whether its consequences are true. That implies investigating mental phenomena, and providing explanations of the facts that psychoanalysis has already disclosed. The hypothesis saves no work, but merely attempts to delay it ' (pp. 204-205).

E. J.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY

ANNA FREUD, GENERAL SECRETARY

BRITISH PSYCHO-ANALYTICAL SOCIETY

Scientific Meetings. First Quarter, 1931

January 21, 1931. Dr. Fairbairn (Edinburgh University, as guest): 'Points in the Analysis of a Woman without Genitalia'. Case suffered from anxiety, self-reproach and periodical attacks of depression. Analysis shewed intense oral-sadistic fixation and severe super-ego of mother pattern; manic phase followed release of repression; also periods of distressing self-consciousness in the presence of men. It was held that the absence of female genitalia in women was less significant to them than the absence of the penis. Case provided an opportunity for study of manic-depressive mechanisms operating *in parvo*.

February 4, 1931. Mrs. Klein: 'Early Anxiety-situations and Ego development'. (An excerpt from a forthcoming book on the analysis of children.)

February 18, 1931. Dr. Franklin: 'The Family Reactions during the Analysis of a case of Obsessional Neurosis'. The effect of a neurosis and its treatment on the behaviour of the family. Patient and her milieu formed a neurotic constellation; her improvement following analysis disturbed other members, particularly the mother, who became increasingly hostile. This increasing hostility exploited by patient. Disturbance in associates of patients undergoing analysis may be due to stress of attention on patient, combined with interference with compensating mechanisms. A comparatively symptomless person may be the driving force causing and deriving satisfaction from the neurosis of another. The significance of environmental manifestations during analysis was considered; the most direct path to environmental alteration is through analysis.

March 4, 1931. Short communications: (1) Miss Searl: 'The Patience of Children'. General underestimation of patience of small children towards adults. Adults do not understand phantasies of little children. Older children have to a large extent lost hope of such understanding, but three-year-old children have not abandoned this hope. Once the analyst justifies this hope, the child co-operates in understanding and explaining such phantasies, except in the most acute anxiety states. Child shews remarkable patience with the slowness of the analyst.

(2) Mrs. Klein: 'A Contribution to the Theory of Intellectual Inhibition'. (Published in this JOURNAL, Vol. XII., Part 2.)

(3) Dr. Glover: 'The Collection of Self-interpretating Analytical Data'.

Outline of a scheme for the collection of such data; possible classifications illustrated by a number of short examples of direct observations. After discussion, it was agreed that the organization of such a scheme should be undertaken by Dr. Glover.

March 11, 1931. Dr. Flügel: 'Maurice Bedell's *Jerome*. A study of contrasting types'. Principal features of contrast as follows:—*First type*. Complex, sophisticated, adult, romantic, sexual interests in foreground, masochistic, high degree of genital supremacy, direct sexual manifestations somewhat inhibited, high degree of sex differentiation, desire for secrecy and intrigue, sense of conventional propriety, over-estimation of sexual object, much jealousy, neurotic. *Second type*. Simple, unsophisticated, childish, matter-of-fact, sexual interests subordinated, sadistic, diffused erotism, sexual manifestations uninhibited, low degree of sex differentiation, frankness, 'advanced' ideas of propriety, little over-estimation, little jealousy, no signs of neurosis. In the complex type manifestations of libido are intimately connected with manifestations of inhibition. Significance of this relation, with special reference to 'need for punishment.'

During this quarter the following *Course of six lectures* to candidates was given by Dr. Sylvia Payne: The Theory of the Neuroses.

The monthly seminars on Technique of Psycho-Analysis were conducted by Dr. Ernest Jones, Miss Searl and Miss Sharpe.

The seminars on the Theory of Psycho-Analysis were conducted by Dr. Glover.

Edward Glover,

Hon. Scientific Secretary.

GERMAN PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1931.

January 13, 1931. (1) Dr. Sachs: Remarks on an article by Prof. Freud in the *Neue freie Presse* on the subject of the expert medical opinion in the Halsmann case.

(2) Discussion of Groddeck's paper: 'On the Unconscious in Art'.

(3) Dr. Gerö: 'Max Hartmann's Theory of Sexuality'.

January 20, 1931. Dr. Horney: 'The Problem of the Negative Therapeutic Reaction'.

January 31, 1931. Annual Meeting: The President, Dr. Eitingon, read the annual report, emphasizing the importance of the Dresden Conference and recalling in a few words the losses sustained by the Society in the deaths of Dr. Armin Loof and Dr. Josine Müller. Annual reports were further given by the Treasurer, the Director of the Institute, the Training Committee, the Scholarship Fund Committee, and the Sub-sections of the Society in Frankfurt-am-Main and Leipzig.

Dr. Watermann described his work in Hamburg, Dr. Haas reported

satisfactory progress at Cologne and Dr. Simmel gave an account of the work at 'Schloss Tegel,' the psycho-analytical clinic of which he is the director.

Dr. Radó and Dr. Simmel recounted their experience in instituting courses of instruction in psycho-analysis for the medical staff of the hospitals in the Mark Brandenburg.

On the motion of the Council the associate members, Drs. Bally, Jacobssohn and Kraft, were elected full members.

Drs. Müller-Braunschweig, Radó, and Staub were elected as a committee for the revision of the Society's statutes.

The following motion, put by the Council, was carried: That the General Meeting should empower the Council and the Training Committee on occasion to co-opt temporarily, until the next general meeting, representatives of the outlying subsections of the Society.

Dr. Boehm's proposal, that at each General Meeting two auditors should be chosen to review the Society's financial position, was carried.

Frau Horney proposed that, in addition to the General Meeting and the preliminary Business Meetings, the members of the Society should meet quarterly in order to discuss informally the questions upon which the various Committees are at work and such problems as are of interest to the Society and the psycho-analytical movement in general. After considerable discussion this proposal was adopted in principle, the detailed arrangements being left to the Statutes Committee.

Dr. Eitingon was elected *President*. Frau Dr. Horney, who has served for many years on the Council, asked to be excused from standing again. The following were elected *Members of the Council*: Drs. Boehm, Sachs, Simmel.

The following members of the Training Committee were re-elected: Drs. Bernfeld, Eitingon, Fenichel, Horney, Müller-Braunschweig and Radó, also Hárník (in place of Dr. Alexander, at present in America).

The following were re-elected Trustees of the Scholarship Fund: Boehm, Hárník, Hans Lampl and Müller-Braunschweig.

Drs. Lampl, de Groot and Staub were appointed auditors of the accounts.

February 10, 1931. Short communications:

(1) Dr. Reich: 'A Case of Obsessional Homosexual Impulses'.

(2) Dr. Wulff: 'The Relations between Mother and Child and the Castration-Complex in Women'.

February 17, 1931. Dr. Bally: 'An Attempt to Construct the Development of the Super-ego'.

February, 28, 1931. Evening for discussion. Subject: 'Obsessional Perversion, Obsessional Onanism and Cravings of an Obsessional Nature'. Papers by Radó (on functional disturbances), Sachs, Hárník and Fenichel.

March 10, 1931. Dr. Reich : ' The Incursion of Sexual Morality into Primitive Society '.

March 21, 1931. Evening for discussion. Subject : ' The Death-instinct '. Papers by Benedek, Horney and Reich.

Dr. F. Boehm.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1931.

January 16, 1931. Clinical communications :

(1) Dr. L. Révész : ' Uterine Hæmorrhage as a Long-persisting Transitory Symptom during Analysis '. Anticipation of a very difficult discussion with the father in the background of the patient's mind.

(2) Dr. M. Bálint : ' Analysis of a Meaningless word Occurring in a Dream '.

January 30, 1931. Frau Dr. F. K. Hann : ' Analysis of an asocial character. ' A woman with grave hysterical symptoms. Psychic determinants of the patient's moral aberrations brought to light by analysis of infantile material. Cessation of these aberrations after conclusion of analysis.

February 13, 1931. (a) *Annual Meeting.* Re-election of the Council. Dr. M. Bálint was co-opted to the Training Committee.

(b) Dr. M. J. Eisler : ' Rembrandt '.

February 27, 1931. Frau Dr. K. G. Lázár : ' Notes from the Analysis of a Case of Obsessional Neurosis '. Alternation of obsessional and hysterical symptoms in the different phases of the illness. Common content : Castration phantasies based on early sexual experiences.

March 13, 1931. (a) Dr. E. Almásy : ' The Analysis of Morbid States of the Nature of Amentia. ' Description and analysis of three cases.

(b) *Business Meeting.* Election to full membership : Frau Dr. Klára G. Lázár, Budapest VII, Király u. 51. Dr. Endre Almásy, Budapest VI, Hungária Krt. 80, Irrenanstalt.

Dr. Imre Hermann.

INDIAN PSYCHO-ANALYTICAL SOCIETY

1930

February 9, 1930. Dr. Sarasilal Sarkar : ' Hindu Mythological Story throwing Light on the Psychology of Phallic Worship '. The writer sought to shew the passing away of Œdipus Complex and the formation of super-ego from the psycho-analytical interpretation of the story and quoted authorities in his support.

August 17, 1930. Dr. Suhrit Chandra Mitra : ' Psychology and Psycho-analysis '.

August 24, 1930. Dr. G. Bose : ' A New Technique of Psycho-

analysis'. The technique was often employed by him with success. In contrast with active therapy and the forced phantasy method of Ferenczi, the method has the following salient features. In suitable cases the patient is first asked to give his free association to determine the nature of the repressed wish active at the time. He is then ordered to build up wish-fulfilment and fantasies with reference to this repressed wish, alternately taking up the rôles of the subject and the object in the wish-situations.

Dr. Bose claimed that by this method a rapid resolution of the patient's conflict took place. The saving of time was marked.

August 31, 1930. Dr. G. Bose: 'Periodic Depression' (with illustrations from twenty-two case reports).

The writer pleaded for the separation of this group of cases from obsessional psychoneuroses on the one hand and manic depressive psychoses on the other. The cases were in the borderland, as it were, between psychoses and psychoneuroses. The usual symptomatology consisted in the appearance of depression marked by worry, chiefly with reference to monetary matters, and a loss of interest in the ordinary activities of life. Enjoyment of pleasure in any situation was an impossibility with these patients. The depression continued for varying periods in different cases and then completely disappeared, resulting in an apparent cure, only to return after a few months or years. In contrast with typical cases of manic depressive psychoses there were no periods of excitement or exaltation. As anxiety was the chief symptom in anxiety-neuroses, so worry was the principal symptom in periodic depression. Heredity invariably showed either the presence of a manic depressive psychosis or an obsessional psycho-neurosis in some blood relations.

September 9, 1930. Mr. H. Maiti: 'Suicidal Obsession'. A case treated successfully by the psycho-analytical method.

December 12, 1930. Prof. Haridas Bhattacharya: 'The Psychological Basis of Personal Identity.' He approached the problem from many different standpoints and shewed the insufficiency of some of the existing theories on the subject. He also discussed the findings of psychoanalysts relevant to the problem.

Progress of Psycho-Analysis. Interest in Psycho-analysis in the country went on increasing and the science was largely sought as an aid to Mental Hygiene and reform of administration of criminal justice, specially to the juvenile offender. Lt.-Col. Berkeley-Hill, President Dr. G. Bose, and Dr. B. Ghosh's efforts in this direction were very conspicuous. Lt.-Col. Berkeley-Hill, Mr. J. K. Sirkar and others read psycho-analytical papers in the Science Congress at Allahabad. On Mr. H. Maiti's motion, the All Asia Educational Conference passed a resolution by 37 to 33 votes urging the inclusion of Psycho-Analysis in Teachers' Training Courses after a very lively debate and discussion.

The activity of the Society was responsible for attracting a number of associates and students in the subject of Psycho-analyses and the Council was approached by many candidates for being trained in Psycho-analyses. Already the analysis of some of the foundation members have been taken up by the President, and the full working of the Psycho-analytical Institute was only held back owing to want of sufficient men trained in psycho-analytical practice. There are considerable facilities for training in most of the theoretical courses laid down (in Rule 14 (9) of the Society) in the University of Calcutta in the Department of Experimental Psychology.

Library : The circulating Library was more largely utilized by the members and associates than in previous years.

M. N. Banerjee,
Secretary.

1931

January 31, 1931. Ninth Annual General Meeting.

1. The Annual Report of the Society for 1930 was adopted.
2. Election of Officers for 1931 : Dr. G. Bose, *President* ; Mr. M. B. Banerjee, *Secretary* ; Mr. H. Maiti, *Member of the Council* ; Dr. S. C. Mitter, *Member of the Council and Librarian*.
3. The following resolutions were adopted : (a) That Dr. G. Bose (*President*), Lt.-Col. Berkeley-Hill, Mr. H. Maiti, Dr. Suhrit Ch. Mitter, Dr. B. C. Ghosh, Mr. Gopeswar Pal, and Mr. M. N. Banerjee (*Secretary*) be selected to form the Board of the Indian Psycho-analytical Institute and to conduct the Indian Psycho-analytical Institute according to Rule 14B(4) for four years, after which the Board is to be re-elected.
(b) That according to Rule (14)B (7) the following gentlemen : Dr. G. Bose, Mr. M. N. Banerjee, Dr. N. N. Sengupta, Mr. H. Maiti, Mr. G. Bora, Mr. G. Pal, and Dr. Suhrit Ch. Mitter, were entitled to the privileges of a foundation member.
(c) That the following arrangements be made for the training of candidates in theory and practice of Psycho-analysis in the Institute, and the Lecturers be requested to draw up syllabuses for the consideration of the Board on the lines of the text-books recommended. Study circles and seminars to be conducted when necessary.

Subject.	Lecturer.	Text-books recommended for the guidance of the Students.
(a) General Psychology (25 Lectures).	Dr. Suhrit Ch. Mitra, M.A., D.Phil. (Lipz).	Woodworth : Psychology. Titchener : Text-book of Psychology. Murphy : History of Psychology. Hart : Insanity. Hart : Psycho - patho- logy and its Develop- ment. McDougall : Abnormal Psychology. Moll : Hypnotism.
(b) Abnormal Psychology (10 Lectures).	Dr. B. C. Ghosh, M.A., M.B., B.C. (Cantab.).	

Subject.	Lecturer.	Text-books recommended for the guidance of the Students.
(c) Physiological Psychology (19 Lectures).	Mr. M. N. Banerjee, M.Sc., B.L.	Pieron : Thought and the Brain. Watson : Psychology from the standpoint of a Behaviourist. Bainbridge : Physiology. Herrick : Neurology. Holms : Evolution of Animal Intelligence. Kirkpatrick : Genetic Psychology.
(da) Animal Psychology (5 Lectures).	Mr. M. Ganguli, M.Sc., B.L.	Norsworthy & Whitley : Psychology of Childhood. Thom : Everyday Problem of the Everyday Child.
(db) Child Psychology (10 Lectures).	Mr. Gopeswar Pal, M.Sc.	McDougall : Social Psychology. Lowie : Primitive Society. Westermarck : Evolution of Marriage.
(ea) Social Psychology and Folk Psychology (10 Lectures).	Mr. H. Maiti, M.A.	Freud : Group Psychology and Analysis of the Ego. Totem and Taboo. (To be recommended later.)
(eb) Religion, Indian Mythology & Ritual (10 Lectures).	Dr. S. C. Mitra, M.A., D. Phil. Mr. M. N. Banerjee, M.Sc. B.L.	(To be recommended later.)
(f) Biology (5 Lectures).	Dr. K. B. Mukherji, B.Sc., Ch. B.L.M.	Conklin : Heredity and Environment.
(g) Heredity - Eugenics (5 Lectures).	Mr. M. N. Banerjee, M.Sc. B.L.	Sandiford : Educational Psychology.
(h) Educational Psychology (10 Lectures).	Mr. H. Maiti, M.A.	Freeman : Mental Tests.
(ia) Neurology (5 Lectures).	Mr. B. C. Ghosh, M.A., M.B.	Herrick : Neurology.
(ib) Psychiatry (10 Lectures).	Dr. B. B. Chatterji, M.Sc., M.B. Dr. G. Bose, D.Sc., M.B.	Aids to Psychiatry. Kraepelin : Lectures on Clinical Psychiatry. Stoddart : Mind and its Disorders. White : Psychiatry. Schilder : Psycho - analytical Psychiatry. Alexander : Psycho-analysis of Total Personality.
(j) Sexology (5 Lectures).	Dr. G. Bose, D.Sc., M.B.	Moll : Sexual Life of Child. Freud : Three Contributions to Sexual Theory. H. Ellis : Psychology of Sex.
(k) Psycho - analysis (Theoretical) (20 Lectures).	Dr. G. Bose, D.Sc., M.B., Lt.-Col. Berkeley - Hill, M.A., M.D., I.M.S.	Vatsayana : Kamsutram. Freud : Introduction to Psychoanalysis. Freud : Ego and Id. Ferenczi : Sex and Psycho-analysis. Ferenczi : Further Contributions to Psycho-analysis. Jones : Papers on Psycho-analysis.

Subject.	Lecturer.	Text-books recommended for the guidance of Students.
(la) Laboratory Work on Normal Psychology	Mr. Mohanlal Ganguli, M.Sc.	Collins and Dreviers : Experimental Psychology.
(lb) Laboratory Work on Abnormal Psychology.	Dr. G. Bose, D.Sc., M.B.	
(m) Psycho - analysis. Practical Instructions (10 Lectures.)	Dr. G. Bose, D.Sc., M.B. Lt. - Col. Berkeley-Hill, M.A., M.D., I.M.S.	Glover : Technique of Psycho-analysis.

(d) That authorities of the University College of Science be moved to permit students of the Indian Psycho-analytical Institute to attend lectures and practical classes in the Department of Experimental Psychology as casual students, on payment of a small monthly fee to be settled in consultation with the President of the Institute.

4. *Election of Associate Members :—*

- (1) Mr. A. C. Chatterji, Publicity Officer, Bengal Nagpur Railway, 168, Cornwallis Street, Calcutta.
- (2) Dr. B. B. Chatterji, M.Sc., M.B., Lecturer in Physiology, University College of Science, 82, South Road, Entally, Calcutta.
- (3) Dr. K. B. Mukherji, B.Sc., M.B., Ch.B.(Edin.), L.M.(Dub.), 89, Lower Circular Road, Calcutta.
- (4) Mr. Sudhir Kumar Bose, M.A., M.Sc., Department of Experimental Psychology, University College of Science.
- (5) Mr. Manindra Nath Samanta, M.Sc., Department of Experimental Psychology, University College of Science.
- (6) Mr. Suhrit Chandra Sinha, M.Sc., 15/1/1, Ramkanta Bose Street, Calcutta.
- (7) Mr. Amarnath Mukherji, M.Sc., 17, Baralpara Lane, Baranagore Road, Calcutta.
- (8) Mr. Shamswarup Jalata, B.A., Dalpat Gardens, Phagwora, N.W. Ry. (Punjab).

5. Secretary reported that there was every possibility of an increase in the volume of work and business, owing to the starting of the Psycho-analytical Institute, and it was resolved :

(a) That the following be added to the Rule 14 : ' There shall be an honorary assistant librarian and an honorary assistant business secretary to assist the librarian and the secretary when the volume of work increases and they shall be elected at the annual meeting.'

(b) That Mr. Manindra Nath Samanta, M.Sc., be appointed Honorary Assistant Librarian, and Mr. Sudhir Kumar Bose, M.A., M.Sc., be appointed Honorary Assistant Business Secretary for 1931.

6. *Election of Member* : Mr. B. N. Roy, of Natore Raj, P.O. Natore, Dr. Rajshahi, Bengal, who had been duly considered by the Council as

suitable for membership, and who had already been psycho-analysed by Lt.-Col. Owen Berkeley-Hill, was elected as member.

7. Resolved that the rules of the Society as amended up to date be rearranged and renumbered, and circulated to members.

NEW YORK PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1931

January 27, 1931. Dr. Ives Hendrick: 'Ego Defence and the Mechanism of Oral Ejection in Schizophrenia'. A nine months' analysis of a young woman, which beginning with repetitive manifestations of phallic phase fantasies led through an attempt on her part to regress to oral fantasies, whereupon vomiting took the place of the more usual cannibalistic manifestations. There had been early pregenital fixation on vomiting. The significance of this mechanism in relation to the formation of the super-ego.

February 24, 1931. (1) Dr. Clarence P. Oberndorf: 'Examples of Speech Disturbances; a Clinical Communication.' The paper dealt with the interpretation of interesting neologisms gathered from neurotic and psychotic patients.

(2) Prof. Paul Schilder: 'On Neurasthenia'. A psycho-neurotic patient presented on first appearance the symptoms of neurasthenia. Chiefly homosexual material and castration complex, which came out during a seven months' analysis. Interpretation of certain projections, ideas about the analyst's body, in terms of the conception of a 'postural model of the body.'

March 31, 1931. Dr. Géza Róheim (by invitation): 'Psycho-analytic Technique and Field Anthropology'. The attitude of various anthropologists towards their subject. The application of the technique of analysis in the study of individuals in primitive society, specifically how free association, dream interpretation, 'setting a term,' etc. elicited information and insight into the individual psychology of primitives, as well as into their social structure. Several dream analyses of Papuans and Central Australians.

At the January meeting, all officers and councillors were re-elected. Dr. A. A. Brill, *president*; Dr. S. E. Jelliffe, *vice-president*; Dr. B. D. Lewin, *secretary*. *Councillors*: Drs. Ames, Blumgart, and Meyer. At a later meeting, Dr. Monroe A. Meyer was elected treasurer. The Educational Committee consists of Dr. A. Kardiner, chairman, and Drs. Feigenbaum, Jelliffe, Lehrman, Lewin, Meyer, Oberndorf, Shoenfeld, Stern, and Zilboorg. The Scientific Committee consists of Dr. Feigenbaum, chairman, and Drs. Lorand and Bunker.

Dr. Lawrence S. Kubie was made an active member, and Dr. Smiley Blanton, of Vassar College, Poughkeepsie, N.Y., was admitted as a non-resident member.

REPORT OF EDUCATIONAL COMMITTEE

We have to report that the Society is in the process of finding a suitable location for a Psycho-Analytic Institute, and for its organisation. So far the plans are tentative but the committee entrusted with the task is working actively.

Since January two courses have been held for members and candidates. One course of seminars on case-histories, with Drs. Feigenbaum and Zilboorg alternating as leaders, has met bi-weekly. The other course, reviews of Freud's clinical papers, led by Drs. Lewin and Meyer, has also met bi-weekly. The courses will run through May.

The Society was fortunate in being allowed to attend a course of three lectures by Dr. Róheim on the result of his experiences in Central Australia and Papua.

Bertram D. Lewin,
Secretary.

PARIS PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1931

January 20, 1931. Re-election of the Council: *President*, Dr. Parcheminey; *Vice-President*, Dr. Odier; *Secretary*, Dr. Allendy; *Treasurer*, Dr. Nacht.

Discussion of business connected with the coming Congress at Inter-laken.

February 3, 1931. Extraordinary Meeting. Prof. Beltram, of Buenos Aires: 'The Application of Psycho-Analysis to Criminal Characters.' Illustrated by a case.

February 18, 1931. Dr. Hesnard: Extract from a work on erotic phantasies.

March 18, 1931. Madame Sokolnicka: 'Psycho-analytic Technique'. Possibility of shortening the analysis by the systematic exploration of an anxiety which is really the dread of death.

Election of Associate Members: Prof. Beltram, of Buenos Aires; Dr. E. Rieti, medical officer at the Turin Asylum.

Allendy.

SWISS PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1931

January 11, 1931. Dr. med. G. Bally (Berlin): 'The Economic Importance of the Function of the Super-ego'.

January 24, 1931. Annual Meeting.

(a) Prof. Dr. O. Pfister (Zürich): 'Analysis of a Young Man convicted of Habitual Theft and of Murder'.

The speaker has had the opportunity in America of visiting and speaking for some hours to a young thief and murderer, then in prison. The material

thus acquired reviewed from the psycho-analytical standpoint. The meaning of the symptoms and the basis of the young man's criminal tendencies shewn to lie in severe ambivalent tension.

(b) *Business meeting.*

(1) Adoption of reports. (2) Re-election of the Council and the Training Committee. (3) Financial statement by de Saussure and Furrer. Members' subscription to remain at the same amount as before. (4) Members were requested to support the Twelfth Congress of the International Psycho-Analytical Association and to contribute papers for a special 'Swiss' number of *Die psychoanalytische Bewegung*.

February 7, 1931. Zulliger: 'A Trio of Young Thieves'. (To appear in *Zeitschrift für psychoanalytische Pädagogik*.)

February 21, 1931. Priv. Doz. Dr. med. R. de Saussure: 'Le miracle grec'. On the basis of Freud's *Totem and Tabu*, 'The Miracle of Greece' (Renan) traced to the development of the general Œdipus complex, the course it runs and the elaborations it may undergo. In Greece the individual's liberation from the yoke of the father's omnipotence in the family resulted in the meteoric efflorescence of scientific philosophy as opposed to mysticism.

March 28, 1931. Dir. Dr. med. A. Kielholz: 'Tell and parricide'. Variations on the theme of the action and fate of the parricide. Pictorial and dramatic representations of the story of Tell, throughout the centuries. Legends, fairy-tales and popular customs based on the idea of the avenging huntsman. Some psycho-analytical conclusions. The 'Tell-renaissance' of the present day.

The members of the Training Committee have been circularized in order to ascertain their views on the proposals of the International Training Committee in connection with conditions of training.

Members of the Society (Pfister, Frau Behn-Eschenburg, Zulliger) have spoken, at the invitation of various private societies, on the use of psycho-analysis in pastoral, educational and remedial work.

Hans Zulliger,
Secretary.

VIENNA PSYCHO-ANALYTICAL SOCIETY

First Quarter, 1931

January 2, 1931. Short communications:—

1. Dr. Federn: 'Why do so many People love Speed in Motoring?'
2. Frau Dr. Reich: Supplementary notes on Dr. Bibring's paper: 'On Object-choice in Paranoia'.

January 21, 1931. Short communications:—

1. Dr. Fessler (guest of the Society): 'Impaired Potency as a Sequel to Urological Operations'.

2. Dr. Stengel: 'Notes on Abnormal Vicissitudes of the Œdipus Complex'.

February 4, 1931. Dr. Eduard Hitschmann: 'The Psychology of the Bachelor'.

February 18, 1931. Discussion. Subject: 'Critical Survey of the System of Resistance'.

Opening paper: Dr. Richard Sterba.

March 4, 1931. Dr. Ludwig Eidelberg: 'Indications for Psycho-analytic Treatment'.

March 18, 1931. Short communications:—

1. Frau Dr. Reich: 'A Transference Result'.

2. Princess Marie Bonaparte (Paris: Guest of the Society): 'A Confirmation of the Equation: Fæces—penis—money'.

3. Frau Dr. Mack-Brunswick: (a) 'My Child's Stammer'.

(b) 'Broken'.

4. Dr. Sterba: 'A Notion which Helps to Elucidate the Theory of Narcissism'.

Election to Membership: Dr. Gustav Bychowski, Warschau, Nisdowa 21, Poland.

Election to Associate Membership: Dr. George Morgenthau, 1116 East Forty-Sixth Street, Chicago, U.S.A.

Change of Address: Dr. Wilhelm Hoffer, Vienna IX, Lustkandlgasse 12; Dr. Edoardo Weiss, Roma 126, Via dei Gracchi 328A, Italy.

Dr. R. H. Jokl,

Secretary.

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1931

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